2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# L04000086068

Entity Name: LSTP, L.L.C.

Current Principal Place of Business:

9641 CROWN PRINCE LANE
WINDERMERE, FL 34786

New Principal Place of Business:

5036 DR. PHILLIPS BLVD SUITE 257
ORLANDO, FL 32819

Current Mailing Address:

9641 CROWN PRINCE LANE
WINDERMERE, FL 34786

New Mailing Address:

5036 DR. PHILLIPS BLVD. SUITE 257
ORLANDO, FL 32819

FEI Number: 20-3685589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APPEL, JEFFREY E
5116 SOUTH LAKELAND DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GENZER, LISA
Address: 9641 CROWN PRINCE LANE
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete
Name: GENZER, SCOTT
Address: 9641 CROWN PRINCE LANE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GENZER, LISA
Address: 5036 DR. PHILLIPS BLVD. SUITE 257
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change ( ) Addition
Name: GENZER, SCOTT
Address: 5036 DR. PHILLIPS BLVD. SUITE 257
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LISA GENZER MGRM 04/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date