

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90170 033 \*\*\*\*50.00

DOCUMENT # L05000026639

1. Entity Name  
LPM HOLDING, LLC



Principal Place of Business  
1313 PONCE DE LEON BOULEVARD  
SUITE 301  
MIAMI, FL 33134 US

Mailing Address  
1313 PONCE DE LEON BOULEVARD  
SUITE 301  
MIAMI, FL 33134 US

2. Principal Place of Business

3. Mailing Address

1313 Ponce De Leon Blvd. 1313 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301

301

02022006 Chg-LLC CR2E083 (11/05)

City & State  
Coral Gables, FL.

City & State  
Coral Gables, FL.

4. FEI Number  
35.2251604

Applied For  
Not Applicable

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARNETT, MARILEN  
1313 PONCE DE LEON BOULEVARD  
SUITE 301  
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name  
Marilen MARNETT  
Street Address (P.O. Box Number is Not Acceptable)  
1313 Ponce De Leon Blvd.  
Suite 301  
City  
Coral Gables FL Zip Code  
33134

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marilen Marnett*

2/2/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARNETT, MARILEN 1313 PONCE DE LEON BLVD. MIAMI, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LANDA-POSADA, MARIA I 1313 PONCE DE LEON BLVD. MIAMI, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	same same 1313 Ponce De Leon Blvd. #301 Coral Gables, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	same same same Coral Gables, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 *M. L. Posada*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/2/06 305 476.9050