

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074779

Entity Name: LTPM GROUP, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 620485
OVIEDO, FL 32762 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 620485
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 20-3259693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIERCE, JOHN G
800 NORTH FERNCREEK AVENUE
ORLANDO, FL 32803 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: MGR () Delete
Name: CANNON, AMY
Address: P.O. BOX 620485
City-St-Zip: OVIEDO, FL 32762 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MEM () Change (X) Addition
Name: MCCARTHY III, JAMES A
Address: 18460 SW 83 CT.
City-St-Zip: MIAMI, FL 33157 US

Title: MEM () Change (X) Addition
Name: MANN, DAVID L
Address: 4707 EAGLESHAM DRIVE
City-St-Zip: ORLANDO, FL 32826

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: AMY CANNON

MGR

05/01/2006

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