


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90036 045 \*\*\*\*50.00

<b>DOCUMENT # L05000089125</b> 1. Entity Name <b>LUPITECH, LLC</b>					
Principal Place of Business <b>1622 ISLAND WAY WESTON, FL 33326</b>			Mailing Address <b>1622 ISLAND WAY WESTON, FL 33326</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05182006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		4. FEI Number <b>59-3818831</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAROTTA, GRANT W 1622 ISLAND WAY WESTON, FL 33326</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MAROTTA, GRANT W 1622 ISLAND WAY WESTON, FL 33326</b> <input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Grant W. Marotta    **Grant W. Marotta**    **5/16/2006**    **954 389-6255**