

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90131 020 ****50.00

DOCUMENT # L05000105621

1. Entity Name
LPF ADVISORS, LLC



Principal Place of Business
7365 MERCHANT COURT, SUITE 1
SARASOTA, FL 34240

Mailing Address
7365 MERCHANT COURT, SUITE 1
SARASOTA, FL 34240

60024031



01032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3723309	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

MORAN, JOHN A ESQ.
1990 MAIN STREET, SUITE 700
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LURZ, MARK A 7365 MERCHANT CT., SUITE 1 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICCHI, MARK A 7365 MERCHANT CT., SUITE 1 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLAMMANG, KRISTOPHER 7365 MERCHANT CT., SUITE 1 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/06

Date

941-907-0101 X226

Daytime Phone #