

**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

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, 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

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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

Date

Daytime Phone #

4/11/06 941-907-0101 X226