

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105803

FILED  
Feb 04, 2006  
Secretary of State

Entity Name: LOPEZ LLC

**Current Principal Place of Business:**

6402 TIDEWAVE STREET  
ORLANDO, FL 32822 US

**New Principal Place of Business:**

**Current Mailing Address:**

6402 TIDEWAVE STREET  
ORLANDO, FL 32822 US

**New Mailing Address:**

FEI Number: 56-2542197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOPEZ, WILLIAM M JR.  
6402 TIDEWAVE STREET  
ORLANDO, FL 32822 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: WILLIAM, LOPEZ M JR.  
Address: 6402 TIDEWAVE STREET  
City-St-Zip: ORLANDO, FL 32822 US

Title: MGRM ( ) Delete  
Name: WILLIAM, LOPEZ M SR.  
Address: 6402 TIDEWAVE STREET  
City-St-Zip: ORLANDO, FL 32822 US

Title: MGRM ( ) Delete  
Name: HUGO, LOPEZ L  
Address: 1408 SUNMEADOW DRIVE  
City-St-Zip: ORLANDO, FL 32824 US

**ADDITIONS/CHANGES:**

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

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

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

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: WILLIAM M. LOPEZ JR.

MGR

02/04/2006

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