

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115957

FILED
Apr 21, 2007
Secretary of State

Entity Name: TIPOT GROUP LC

Current Principal Place of Business:

4040 GALT OCEAN DRIVE
APT. # 422
FT LAUDERDALE, FL 33308

Current Mailing Address:

4040 GALT OCEAN DRIVE
APT. # 422
FT LAUDERDALE, FL 33308

New Principal Place of Business:

3700 GALT OCEAN DRIVE
APT. # 1702
FT LAUDERDALE, FL 33308

New Mailing Address:

3700 GALT OCEAN DR
APT# 1702
FORT LAUDERDALE, FL 33308

FEI Number: 04-3851697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-REGAL, RICARDO M SR.
4040 GALT OCEAN DRIVE
APT. # 422
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

GARCIA-REGAL, RICARDO M SR.
3700 GALT OCEAN DRIVE
APT # 1702
FT LAUDERDALE, FL 33308 US

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: RICARDO GARCIA-REGAL

04/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA-REGAL, RICARDO M SR.
Address: 4040 GALT OCEAN DRIVE APT. # 422
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARCIA-REGAL, RICARDO M SR.
Address: 3700 GALT OCEAN DRIVE APT. # 1702
City-St-Zip: FT LAUDERDALE, FL 33308

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: RICARDO GARCIA-REGAL

MGRM

04/21/2007

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