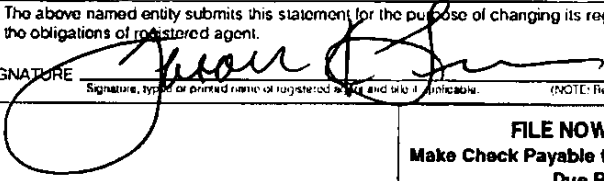
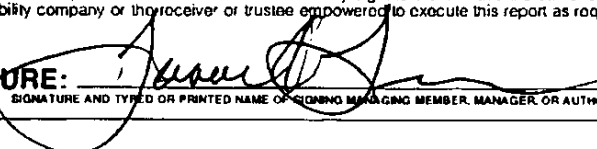


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-13-2007 90056 014 ****50.00

DOCUMENT # L06000042376			
1. Entity Name LTP1, LLC			
Principal Place of Business 28100 US HIGHWAY 19N, SUITE 511 CLEARWATER FL 33761 28200		Mailing Address 28100 US HIGHWAY 19N, SUITE 511 CLEARWATER FL 33761	
2. Principal Place of Business - No P.O. Box # 28200 U.S. Highway 19N		3. Mailing Address P.O. Box 1465	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER FL		City & State DUNEDIN FL	
Zip 33761	Country USA	Zip 33647	Country USA
4. FEI Number 11-3802103		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LESSER, JASON K 28100 US HIGHWAY 19N, SUITE 511 CLEARWATER FL 33761		7. Name and Address of New Registered Agent Name LESSER, JASON K Street Address (P.O. Box Number is Not Acceptable) 28200 U.S. Highway 19 City CLEARWATER FL Zip Code 33761	
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 		DATE 2/6/07	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent signature required when registering)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LESSER, JASON K 28100 US HIGHWAY 19N, SUITE 511 CLEARWATER FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		DATE 2/6/07 727-726-5544	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	