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	Mailing Address
~~28100~~ US HIGHWAY 19N, SUITE 511 CLEARWATER FL 33761 28200	28100 US HIGHWAY 19N, SUITE 511 CLEARWATER FL 33761

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
28200 U.S. Highway 19 N	P.O. Box 1465
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater Fl.	City & State: Dunedin Fl.
Zip: 33761 Country: USA	Zip: 34697 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 [signature] 2/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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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: [signature] 2/11/07 727-726-5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #