


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90055 023 ***138.75

DOCUMENT # L06000042376		
1. Entity Name LTP1, LLC		

Principal Place of Business 28200 US HIGHWAY 19N. CLEARWATER, FL 33761	Mailing Address P.O. BOX 1465 DUNEDIN, FL 34697
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30008157



2. Principal Place of Business - No P.O. Box # 29750 U.S. Highway 19 Suite, Apt. #, etc. SUITE 201		3. Mailing Address Suite, Apt. #, etc.	
City & State CLEARWATER FL.		City & State	
Zip 33761	Country USA	Zip	Country

07082008 Chg-LLC CR2E083 (12/06)

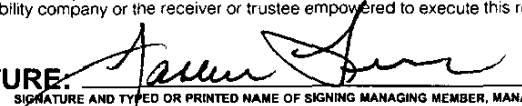
6. Name and Address of Current Registered Agent LESSER, JASON K 28200 US HIGHWAY 19N. CLEARWATER, FL 33761	
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7. Name and Address of New Registered Agent Name LESSER JASON K Street Address (P.O. Box Number is Not Acceptable) 29750 U.S. 19 NORTH SUITE 201 29750 U.S. 19 NORTH SUITE 201 City CLEARWATER FL Zip Code 33761	
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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 7/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESSER, JASON K 29750 U.S. 19N SUITE 201 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 7/8/08 Daytime Phone # 327-785-1195