2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# L06000044155

Entity Name: LOUPEP HARLIZ LLC

Current Principal Place of Business:

1501 AVALON BLVD
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1501 AVALON BLVD
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 20-4777976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROUSE, RICHARD B
978 DOUGLAS AVE
SUITE 102
ALTAMONTE SPRINGS, FL 32714 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: MGRM ( ) Delete
Name: ODDO, CHRISTOPHER F
Address: 1501 AVALON BLVD
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER F ODDO MGRM 01/09/2008

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