

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081128

Entity Name: LNP LLC

FILED  
Jan 31, 2007  
Secretary of State

**Current Principal Place of Business:**

4030 SPRINGWOOD RD.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4030 SPRINGWOOD RD.  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 20-5386949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALLALA, JORGE O  
4030 SPRINGWOOD RD.  
JACKSONVILLE, FL 32207 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: MGR ( ) Delete  
Name: ALLALA, JORGE O  
Address: 4030 SPRINGWOOD RD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: HENDERSON, MARCELA S MRS  
Address: 4030 SPRINGWOOD RD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM ( ) Change (X) Addition  
Name: SAJKOWSKI, NATALIA MISS  
Address: 4030 SPRINGWOOD RD  
City-St-Zip: JACKSONVILLE, FL 32207

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: MARCELA HENDERSON

MGRM

01/31/2007

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