

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097175

FILED
Jul 18, 2007
Secretary of State

Entity Name: LPG CAPITAL ASSISTANCE LLC

Current Principal Place of Business:

15841 PINES BLVD
248
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

15841 PINES BLVD
248
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMOLKEN, PERRY
571 NW 159TH AVENUE
PEMBROKE PINES, FL 33028 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SMOLKEN, PERRY
Address: 571 NW 159TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028 US

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

Title: MGRM () Delete
Name: GOMEZ, LUIS F
Address: 200 LESLIE DRIVE #214
City-St-Zip: HALLANDALE BEACH, FL 33009 US

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

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

Title: MGRM () Change (X) Addition
Name: FLORES, MIRIAM
Address: 571 NW 159 AVE
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: PERRY SMOLKEN

MGRM

07/18/2007

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