

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109278

Entity Name: LFP, LLC

FILED
Jul 12, 2007
Secretary of State

Current Principal Place of Business:

5170 DR PHILLIPS BLVD
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5170 DR PHILLIPS BLVD
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 20-8266801 FEI Number Applied For () 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:

MOYAL, PATRICK
10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 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: CHANTAL, MICHEL
Address: 7557 PARK SPRING CIRCLE
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM () Delete
Name: CLAUDE, WOLFF
Address: 7557 PARK SPRING CIRCLE
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHANTAL, MICHEL
Address: 4350 CONROY CLUB DR
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM (X) Change () Addition
Name: CLAUDE, WOLFF
Address: 4350 CONROY CLUB DR
City-St-Zip: ORLANDO, FL 32835 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: WOLFF CLAUDE

MGRM

07/12/2007

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