

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110317

FILED  
Apr 20, 2007  
Secretary of State

**Entity Name:** CERTIFICATE INVESTMENT PARTNERS LLC

**Current Principal Place of Business:**

2875 NE 191 STREET  
STE. 304  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

2875 NE 191 STREET  
STE. 304  
AVENTURA, FL 33180 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

STOK, ROBERT A  
2875 NE 191 STREET  
STE 304  
AVENTURA, FL 33180 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: LUSTIGMAN, SHAWN  
Address: 4380 E. ALMEDA  
City-St-Zip: GLENDALE, CO 80246 US

Title: MGRM ( ) Delete  
Name: STOK, ABE  
Address: 7245 FAIRFAX DRIVE  
City-St-Zip: TAMARAC, FL 33321 US

**ADDITIONS/CHANGES:**

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

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

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: SHAWN LUSTIGMAN

MGRM

04/20/2007

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