2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 20, 2008 8:00 am
Secretary of State
01-30-2008 90097 019 ***138.75

3000250?8

DOCUMENT # L06000115824

1. Entity Name

LAW OFFICES OF EDWARD A. LOPEZ LLC

Principal Place of Business	Mailing Address
3440 HOLLYWOOD BLVD SUITE 415 HOLLYWOOD FL 33021 US	3440 HOLLYWOOD BLVD SUITE 415 HOLLYWOOD FL 33021 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3440 Hollywood Blvd	3440 Hollywood Blvd
Suite, Apt. #, etc.: Suite 415	Suite, Apt. #, etc.: Suite 415
City & State: Hollywood, FL.	City & State: Hollywood, FL.
Zip: 33021 Country: USA	Zip: 33021 Country: USA

1st MOORE CR2E083 (10/07)

4. FEI Number 20-5999312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, EDWARD A
3440 HOLLYWOOD BLVD
SUITE 415
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name: Edward A. Lopez
Street Address (P.O. Box Number is Not Acceptable): 3440 Hollywood Blvd
Suite 415
City: Hollywood FL Zip Code: 33021

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 1/24/08

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LOPEZ, EDWARD A 3440 HOLLYWOOD BLVD HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 1/24/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #