2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000122209

1. Entity Name
LP INVESTMENT GROUP, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1366 CALCUTTA DR. GULF BREEZE, FL 32563 1366 CALCUTTA DR. GULF BREEZE, FL 32563



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04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 43-2094360 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKS, LANA 1366 CALCUTTA DR. GULF BREEZE, FL 32563

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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 substance agent.			
SIGNATURE_	Signature typed or printed name of registered agent and tille if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000929441 U5/21/08-80068-024 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	PARKS, LANA		
STREET ADDRESS	1366 CALCUTTA DR.		
CITY-ST-ZIP	GULF BREEZE, FL 32563		
TITLE	MGR		
NAME	PARKS, ROGER	i	
STREET ADDRESS	1366 CALCUTTA DR.		
CITY-ST-ZIP	GULF BREEZE, FL 32563		
TITLE			
NAME			
STREET ADDRESS		1 00	NOT WOITE
CITY-ST-ZIP		I DO	NOT WRITE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 mose empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TOLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7.09.

IN THIS SPACE

Daytime Phone #