

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038110

FILED
Mar 05, 2008
Secretary of State

Entity Name: L.P.F. & ASSOCIATES, LLC

Current Principal Place of Business:

501 SE 8 STREET #207
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

501 SE 8 STREET #207
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 77-0681426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 32301 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: FERRARA, LILYANN
Address: 501 SE 8 STREET #207
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM () Delete
Name: FERRARA, PAUL
Address: 501 SE 8 STREET #207
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM () Delete
Name: KAPLAN, ADAM S
Address: 649 E. SHERIDAN STREET #307
City-St-Zip: DANIA BEACH, FL 33004

ADDITIONS/CHANGES:

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

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 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: LILYANN FERRARA

MMBR

03/05/2008

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