

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063562

Entity Name: LGPJ, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

15145 SHAW RD
TAMPA, FL 33625 US

New Principal Place of Business:

7812 1ST AVENUE SOUTH
ST PETERSBRG, FL 33707 US

Current Mailing Address:

15145 SHAW RD
TAMPA, FL 33625 US

New Mailing Address:

1908 LAND O LAKES BLVD
SUITE 4
LUTZ, FL 33549 US

FEI Number: 26-0363997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAKHARY, GAMAL S
15145 SHAW RD
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

ZAKHARY, GAMAL S
7812 1ST AVENUE SOUTH
ST PETERSBRG, FL 33707 US

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: GAMAL ZAKHARY

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZAKHARY, GAMAL S
Address: 15145 SHAW RD
City-St-Zip: TAMPA, FL 33625 US

Title: MGRM () Delete
Name: ZAKHARY, LILIANE H
Address: 15145 SHAW RD
City-St-Zip: TAMPA, FL 33625 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZAKHARY, GAMAL S
Address: 7812 1ST AVENUE SOUTH
City-St-Zip: ST PETERSBRG, FL 33707 US

Title: MGRM (X) Change () Addition
Name: ZAKHARY, LILIANE H
Address: 7812 1ST AVENUE SOUTH
City-St-Zip: ST PETERSBRG, FL 33707 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: GAMAL ZAKHARY

MGRM

04/29/2009

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