


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 12 AM 8:37

DOCUMENT # L07000083307		
1. Entity Name THE LTR P ENTERPRISES LLC		

Principal Place of Business 430 EAST KEY AVENUE EUSTIS, FL 32726	Mailing Address 430 EAST KEY AVENUE EUSTIS, FL 32726
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2. Principal Place of Business - No P.O. Box # 908 West Main St	3. Mailing Address 908 West Main St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

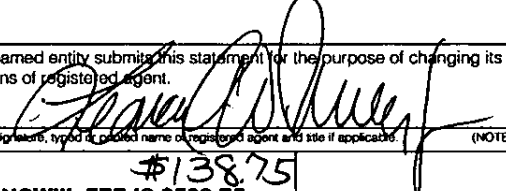
05/05/08 90036 034 \$138.75
06052008 Chg-LLC CR2E083 (12/06)

City & State TAVARES FL	City & State TAVARES FL
Zip 32778	Zip 32778
Country LAKE	Country LAKE

4. FEI Number 26-0716677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

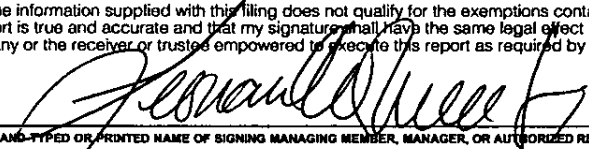
6. Name and Address of Current Registered Agent PURVEE, LEONARD W JR 430 EAST KEY AVENUE EUSTIS, FL 32726
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7. Name and Address of New Registered Agent	
Name LEONARD W. PURVEE JR	
Street Address (P.O. Box Number is Not Acceptable) 908 West Main St	
City TAVARES	FL Zip Code 32778

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 	LEONARD W. PURVEE JR 7/01/08

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PURVEE, LEONARD W JR. 430 EAST KEY AVENUE EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	6/20/08 352-343-5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #