

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000127171

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** DISTRESSED PROPERTY INSTITUTE, LLC

**Current Principal Place of Business:**

21346 ST. ANDRES BLVD., SUITE 221  
BOCA RATON, FL 33433

**New Principal Place of Business:**

2914 MONTOPOLIS DR.  
290  
AUSTIN, TX 78741 US

**Current Mailing Address:**

21346 ST. ANDRES BLVD., SUITE 221  
BOCA RATON, FL 33433

**New Mailing Address:**

2914 MONTOPOLIS DR.  
290  
AUSTIN, TX 78741 US

**FEI Number:** 22-3973554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHARFEN, ALEX  
21346 ST. ANDRES BLVD., SUITE 221  
BOCA RATON, FL 33433 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: MGRS  
Name: CHARFEN, ALEX  
Address: 2914 MONTOPOLIS DR. #290  
City-St-Zip: AUSTIN, TX 78741 US

Title: MGR  
Name: CHARFEN, CADEY  
Address: 2914 MONTOPOLIS DR. #290  
City-St-Zip: AUSTIN, TX 78741

I hereby 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: MDL

MGR

04/26/2010

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