2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000055520

Entity Name: LWIPD, LLC

Current Principal Place of Business:

2269 S. UNIVERSITY DR, STE 234
DAVIE, FL 33324

New Principal Place of Business:

5297 SW 93 AVE
COOPER CITY, FL 33328

Current Mailing Address:

2269 S. UNIVERSITY DR, STE 234
DAVIE, FL 33324

New Mailing Address:

5297 SW 93 AVE
COOPER CITY, FL 33328

FEI Number: 35-2337883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FROHN, MICHELE L
2269 S. UNIVERSITY DR, STE 234
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

FROHN, MICHELE L
5297 SW 93 AVE
COOPER CITY, FL 33328 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FROHN, MICHELE L
Address: 2269 S. UNIVERSITY DR, STE 234
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FROHN, MICHELE L
Address: 5297 SW 93 AVE
City-St-Zip: COOPER CITY, FL 33328

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: MICHELE FROHN MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date