2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 22, 2009
Secretary of State

DOCUMENT# L08000099480

Entity Name: LF ACQUISITIONS, LLC

Current Principal Place of Business:

3921 SLEEPY ORANGE LANE
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

3921 SLEEPY ORANGE LANE
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 26-3586842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEAL, NELSON D
3921 SLEEPY ORANGE LANE
COCONUT CREEK, FL 33073 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:	LEAL, NELSON D	
Address:	3921 SLEEPY ORANGE LANE	
City-St-Zip:	COCONUT CREEK, FL 33073	
Title:	MGRM	(X) Delete
Name:	LEAL, NELSON R	
Address:	3921 SLEEPY ORANGE LANE	
City-St-Zip:	COCONUT CREEK, FL 33073 US	
Title:	MGRM	(X) Delete
Name:	ALVAREZ, VIVIAN	
Address:	4824 NW 58TH MANOR	
City-St-Zip:	COCONUT CREEK, FL 33073 US	

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: NELSON D LEAL MGRM 05/22/2009

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