

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011224

Entity Name: LP DEVELOPERS,LLC

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8110 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32950

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 711  
SUMMERFIELD, NC 27358

**New Mailing Address:**

FEI Number: 26-4178213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COCHRAN, C. RALPH  
8110 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32950 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: MGR  
Name: COCHRAN, C. RALPH  
Address: 8110 S TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32950 US

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: C. RALPH COCHRAN

MGR

03/18/2010

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