2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000582

Name:

Address:

City-St-Zip:

BOUFFARD, THERESE

9200 S MILITARY TRAIL 033

BOYNTON BEACH, FL 33436 US

Entity Name: LAPALOMA GROUP, L.C.

FILED Jan 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9200 S MILITARY TRAIL BOYNTON BEACH, FL 33436 US **Current Mailing Address: New Mailing Address:** 9200 S MILITARY TRAIL BOYNTON BEACH, FL 33436 FEI Number: 65-0528969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOUFFARD, THERESE 9200 S MILITARY TRIAL #033 US BOYNTON BEACH, FL 33436 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete RUSSELL, GINETTE Name: Name: Address: 9200 MILITARY TRAIL #024 Address: City-St-Zip: BOYNTON BEACH, FL 33436 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: RHEAUME, JEAN YVES Name: Address: 9200 S. MILITARY TRAIL #080 Address: City-St-Zip: BOYNTON BEACH, FL 33436 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BOULARD, JEAN Name: Name: Address: 9200 S. MILITARY TRAIL #080 Address: City-St-Zip: BOYNTON BEACH, FL 33436 US City-St-Zip: () Delete Title: MGRM Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THERESE BOUFFARD T 01/31/2009