2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# M01000000837

Entity Name: LPA FLORIDA, L.L.C.

Current Principal Place of Business:

10770 COLUMBIA PIKE, SUITE 100
C/O CAMBRIDGE INVESTMENT COMPANY
SILVER SPRING, MD 20901

New Principal Place of Business:

8171 MAPLE LAWN BOULEVARD, SUITE 375
C/O CAMBRIDGE INVESTMENT COMPANY
FULTON, MD 20759

Current Mailing Address:

10770 COLUMBIA PIKE, SUITE 100
C/O CAMBRIDGE INVESTMENT COMPANY
SILVER SPRING, MD 20901

New Mailing Address:

8171 MAPLE LAWN BOULEVARD, SUITE 375
C/O CAMBRIDGE INVESTMENT COMPANY
FULTON, MD 20759

FEI Number: 52-2191270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 ( ) Delete
Name: CAMBRIDGE INVESTMENT, COMPANY, LLC
Address: 10770 COLUMBIA PIKE, SUITE 100
City-St-Zip: SILVER SPRING, MD 20901

ADDITIONS/CHANGES:

Title: MMGR (X) Change ( ) Addition
Name: CAMBRIDGE INVESTMENT, COMPANY, LLC
Address: 8171 MAPLE LAWN BOULEVARD, SUITE 375
City-St-Zip: FULTON, MD 20759

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA SNYDER CNTR 04/04/2007

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