

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001412

Entity Name: F.P. LIMITED, L.L.C.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

8450 S US HWY. 1
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

600 N US HWY. 1
FORT PIERCE, FL 34950

Current Mailing Address:

PO BOX 7696
PORT SAINT LUCIE, FL 34985 -

New Mailing Address:

FEI Number: 58-2200409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, WARD I
8450 S US HIGHWAY 1
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

SNYDER, WARD I
600 N US HIGHWAY 1
FORT PIERCE, FL 34950 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:

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SNYDER, WARD I
Address: 8450 S. US HWY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM () Delete
Name: LWLK TRUST,
Address: 16 HERONS NEST
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SNYDER, WARD I
Address: 600 N US HWY 1
City-St-Zip: FORT PIERCE, FL 34950

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: WARD I SNYDER

MGMR

03/19/2009

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