2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # P02000117519 1. Entity Name LYP OPERATIONS, INC.								04-29-2005	90193	041 ***15	0.00
Principal Place of Business 27200 RIVERVIEW CENTER BLVD BONITA SPRINGS, FL 34134 Mailing Address 27200 RIVERVIEW CENTER B BONITA SPRINGS, FL 34134						VD					
Principal Place of Business				Mailing Address		-					
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04262005	Chg-P	CR2I	E034 (10/03)		
City & State			'	City & State			4. FEI Numb 56-230				oplied For ot Applicable
Zip	Country			Zip.	Coun	itry	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent					\	7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Sires Address (1.0. Dox National is not Acceptable)					
						City Zip Code					
The above named entity submits this statement for the purpose of changing its registered						FL FL					
the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.							.00 May Be led to Fees				
10.		OFFICERS AN	CTORS 11.			ADDITIONS	CHANGES TO OFF	ICERS A	ND DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP										☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•					☐ Change	☐ Addition
INTLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete		1				☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental apport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or traffec empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											