

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033126

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** LP LLC

**Current Principal Place of Business:**

588 ALMOND AVENUE NW  
PALM BAY, FL 329071857 US

**New Principal Place of Business:**

**Current Mailing Address:**

588 ALMOND AVENUE NW  
PALM BAY, FL 329071857 US

**New Mailing Address:**

**FEI Number:** 20-1808795

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

WF ACCOUNTING INC  
476 HWY A1A  
3B  
SATELLITE BEACH, FL 32937 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: PORTILLO, LUIS E  
Address: 588 ALMOND AVENUE NW  
City-St-Zip: PALM BAY, FL 329071857 US

Title: MGR ( ) Delete  
Name: PORTILLO, MARTINE  
Address: 588 ALMOND AVENUE NW  
City-St-Zip: PALM BAY, FL 329071857 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LUIS E PORTILLO

P

04/30/2007

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