2006 LIMITED LIABILITY COMPANY

WILLIAM K ISAACSON

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mar 14, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L05000050679 03-14-2006 90201 025 ****50.00 1. Entity Name LRMC, LLC Principal Place of Business Mailing Address 20015726 21045 COMMERCIAL TRAIL 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 BOCA RATON, FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 20-2882938 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISAACSON, WILLIAM K Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 Zip Code FL 8. 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. I am familiar with, and accept 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM □ Delete ☐ Change Addition ISAACSON, WILLIAM K NAME NAME STREET ADDRESS 21045 COMMERCIAL TRAIL STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

FILED

Daytime Phone #