


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90061 019 ****50.00

| | |
|------------------------------------|---|
| DOCUMENT # L05000097702 |  |
| 1. Entity Name LMS FLORIDA, LLC | |

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|---|---|
| Principal Place of Business 316 WILLIAMS STREET TALLAHASSEE, FL 32303 | Mailing Address 316 WILLIAMS STREET TALLAHASSEE, FL 32303 |
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| 2. Principal Place of Business - No P.O. Box # 3059 Highland Oaks Terr. | 3. Mailing Address 3059 Highland Oaks Terr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



06262007 Chg-LLC CR2E083 (12/06)

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|---------------------------------|---------------------------------|
| City & State Tallahassee, FL | City & State Tallahassee, FL |
| Zip 32301 | Country US |
| Country US | Zip 32301 |

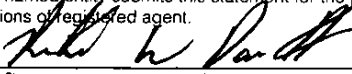
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| 4. FEI Number APPLIED FOR 20-3568083 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DAVIS, RICHARD III 316 WILLIAMS STREET TALLAHASSEE, FL 32303 | |
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| 7. Name and Address of New Registered Agent | |
| Name Richard W Davis, III | |
| Street Address (P.O. Box Number is Not Acceptable) 5995 Colonel Scott Dr. | |
| City Tallahassee | FL |
| Zip Code 32309 | |

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  Richard W. Davis, III 6/26/06

Signature, type 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 September 14, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAVID, RICHARD 316 WILLIAMS ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5995 Colonel Scott Dr. 32309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE:  Richard W. Davis, III 6/26/07 (850) 309-3430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #