


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

01-17-2007 90007 036 ****50.00

DOCUMENT # L06000086304																			
1. Entity Name L.S. STEINMANN, LLC																			
Principal Place of Business 166 SE HORACE WITT WAY LAKE CITY, FL 32025		Mailing Address 166 SE HORACE WITT WAY LAKE CITY, FL 32025																	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																	
City & State		City & State																	
Zip	Country	Zip	Country																
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent																			
7. Name and Address of New Registered Agent																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">STUART, PATRICIA 4424 NW AMERICAN LANE SUITE 101 LAKE CITY, FL 32025</td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">City</td> </tr> <tr> <td colspan="2"></td> <td align="center">FL</td> <td>Zip Code</td> </tr> </table>				STUART, PATRICIA 4424 NW AMERICAN LANE SUITE 101 LAKE CITY, FL 32025		Name				Street Address (P.O. Box Number is Not Acceptable)				City				FL	Zip Code
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		City																	
		FL	Zip Code																
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEINMANN, LORETTA 166 SE HORACE WITT WAY LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
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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: <i>Loretta S Steinmann</i> LORETTA S STEINMANN 1/11/07 386-752-4120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																			

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01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5564269** Applied For Not Applicable