


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # L06000086304

1. Entity Name
L.S. STEINMANN, LLC



Principal Place of Business Mailing Address

166 SE HORACE WITT WAY **166 SE HORACE WITT WAY**
LAKE CITY, FL 32025 **LAKE CITY, FL 32025**

DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5564269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STUART, PATRICIA
4424 NW AMERICAN LANE SUITE 101
LAKE CITY, FL 32025

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEINMANN, LORETTA 166 SE HORACE WITT WAY LAKE CITY, FL 32025
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 01/11/08-80008-012 138.75

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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 *Loretta S. Steinmann, Manager* 1/7/08 386-755-0992

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

Loretta S. Steinmann