## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F95000006129

Name:

Address:

City-St-Zip:

FILED Sep 23, 2009 Secretary of State

Entity Name: LMC PROPERTIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 100 SOUTH CHARLES STREET **SUITE 1400** BALTIMORE, MD 21201 **New Mailing Address: Current Mailing Address:** 100 SOUTH CHARLES STREET **SUITE 1400** BALTIMORE, MD 21201 US FEI Number: 52-1953534 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES ( ) Delete Title: () Change () Addition MCMAHON, CHANDRA B Name: Name: 100 S. CHARLES ST., SUITE 1400 Address: Address: City-St-Zip: BALTIMORE, MD 21201 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition SHEA (GEN. COUNSEL), THERESA B Name: Name: 100 SOUTH CHARLES STREET STE 1400 Address: Address: BALTIMORE, MD 21201 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete VΡ WISSMANN, JOHN W Name: Name: 100 SOUTH CHARLES STREET STE 1400 Address Address: City-St-Zip: City-St-Zip: BALTIMORE, MD 21201 Title: () Delete Title: VΡ ( ) Change (X) Addition BERRY, PAT J Name: Name: Address: Address: 1594 REIMER ROAD City-St-Zip: City-St-Zip: WADSWORTH, OH 44281 Title: Title: () Delete ( ) Change (X) Addition

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

TROAN, GEOFFREY T

CELEBRATION, FL 34747

**477 WATER STREET** 

VΡ SIGNATURE: THERESA B. SHEA 09/23/2009