


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000009770 1. Entity Name LME MANAGEMENT, L.L.C.	
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Principal Place of Business 1791 SE PORT LUCIE BLVD PORT ST. LUCIE, FL 34952	Mailing Address 1791 SE PORT LUCIE BLVD PORT ST. LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE



07192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1114925	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 GARVIN, MICHAEL A 5889 SENEGAL CT JUPITER, FL 33458
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAVIN, MICHAEL A 1791 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952
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07/26/05-80004-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date _____	Daytime Phone # _____
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