

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015823

Entity Name: LMRP MANAGER, L.L.C.

FILED  
Apr 18, 2005  
Secretary of State

**Current Principal Place of Business:**

104 LONG LEAF LN  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

104 LONG LEAF LN  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 01-0560745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOCEK, JAMES M  
642 E. LIVINGSTON ST.  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

GOCEK, JAMES M  
P.O. BOX 536338  
ORLANDO, FL 32853 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: MARY C. COLLINS

04/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GOCEK, JAMES M  
Address: 642 E LIVINGSTON ST  
City-St-Zip: ORLANDO, FL 32803

Title: MGRM ( ) Delete  
Name: COLLINS, MARY C  
Address: 104 LONG LEAF LN  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY C. COLLINS

MEMB

04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date