

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015823

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

FILED
Feb 21, 2007
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:

COLLINS, MARY C
104 LONG LEAF LANE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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: MGRM (X) Change () Addition
Name: GOCEK, JAMES M
Address: 3638 PARKLAND DR.
City-St-Zip: ORLANDO, FL 32814

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 Chapter 119, 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

MRS

02/21/2007

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