

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015823

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

FILED  
Feb 11, 2011  
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  
Name: GOCEK, JAMES M  
Address: 3638 PARKLAND DR.  
City-St-Zip: ORLANDO, FL 32814

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

I hereby 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

MGMR

02/11/2011

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