2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90017 008 ****50.00

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1. Entity Name
LCM, L.C.

Principal Place of Business	Mailing Address
4005 PALM TREE BLVD. CAPE CORAL, FL 33904	4005 PALM TREE BLVD. CAPE CORAL, FL 33904

2. Principal Place of Business	3. Mailing Address
42 BARKLEY Circle	42 BARKLEY Circle
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. #3
City & State FORT Myers FL	City & State FORT Myers FL
Zip 33907 Country USA	Zip 33907 Country USA

01162006 Chg-LLC CR2E083 (11/05)

4. FEI Number
30-0124453
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLUHARTY, GARY A 42 BARKLEY CIRCLE #3 FORT MYERS, FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of Registered Agent and Date (Date) (Registered Agent's signature required when changing)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM DAVIS, RONALD L 8060 GLENFINNAN CIRCLE FT. MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM D'ANDREA, ROBERT L 15464 FIDDLESTICKS BLVD. FT. MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM FLUHARTY, GARY A 23 CARROTWOOD COURT FT. MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: R. D'Andrea ROBERT D'Andrea 4.3.06 239-277-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #