


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90131 027 \*\*\*\*50.00

<b>DOCUMENT # L02000023620</b> 1. Entity Name LCM, L.C.	
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Principal Place of Business 42 BARKLEY CIR SUITE 3 FORT MYERS, FL 33907	Mailing Address 42 BARKLEY CIR SUITE 3 FORT MYERS, FL 33907
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00004064



01222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 30-0124453	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  FLUHARTY, GARY A 42 BARKLEY CIRCLE #3 FORT MYERS, FL 33907
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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 of the individual or entity designated as the registered agent.</small>

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

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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:  2/26/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>