2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L02000023620

Entity Name: LCM, L.C.

Current Principal Place of Business:

12580 UNIVERSITY DR STE 102
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12580 UNIVERSITY DR STE 102
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 30-0124453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLUHARTY, GARY A
12580 UNIVERSITY DR STE 102
FORT MYERS, FL 33907 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:	DAVIS, RONALD L	
Address:	8060 GLENFINNAN CIRCLE	
City-St-Zip:	FT. MYERS, FL 33912	
Title:	MGRM	( ) Delete
Name:	D'ANDREA, ROBERT L	
Address:	15464 FIDDLESTICKS BLVD.	
City-St-Zip:	FT. MYERS, FL 33912	
Title:	MGRM	( ) Delete
Name:	FLUHARTY, GARY A	
Address:	23 CARROTWOOD COURT	
City-St-Zip:	FT. MYERS, FL 33919	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: RONALD L DAVIS MGR 04/09/2009

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