

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000003199 1. Entity Name LMD RENTAL PROPERTIES, LLC	
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Principal Place of Business 600 EAST GOVERNMENT ST. PENSACOLA, FL 32501	Mailing Address 600 EAST GOVERNMENT ST. PENSACOLA, FL 32501
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**DO NOT WRITE IN THIS SPACE**



02212006 No Chg-LLC      CR2E063 (11/05)

4. FEI Number 59-2764084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CAMPBELL, JAMES S 501 COMMENDENCIA ST PENSACOLA, FL 32501
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARSON, JAMES 800 E GOVERNMENT STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKEE, WENDY 800 E GOVERNMENT STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOENLEN, HENRY 600 E GOVERNMENT STREET PENSACOLA, FL 32501
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04/21/06-80010-011 50.00

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: *Henry A. Doenlen*      *3/7/06*      *850-434-5033*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #