

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000013025

1. Entity Name
LMW HOLDINGS, LLC



Principal Place of Business
2702 E. ROBINSON STREET
ORLANDO, FL 32803-5800 US

Mailing Address
2702 E. ROBINSON STREET
ORLANDO, FL 32803-5800 US



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1666341

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVE., STE. 2300
ORLANDO, FL 32801

**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 _____

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

1100000382820
01/12/06-80027-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEAD, LONNY A 1832 WINDING OAKS DRIVE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALKER, CHARLES C 13849 BLUEBIRD POND ROAD WINDEMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOTT, JAMES E JR 2040-3 ENGLISH CHANNEL COURT ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Imma S. Broughton, Controller

01/06/06

407 859 3099