

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014184

FILED
Jan 05, 2004
Secretary of State

Entity Name: L.D.M. LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1002 LADY GUINEVERE DR.
VALRICO, FL 33594 US

New Principal Place of Business:

1018 TANNER RD.
PLANT CITY, FL 33566 US

Current Mailing Address:

1002 LADY GUINEVERE DR.
VALRICO, FL 33594 US

New Mailing Address:

1018 TANNER RD
PLANT CITY, FL 33566 US

FEI Number: 13-4249531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA, INC.
111 N.E. FIRST STREET
SUITE 901
MIAMI, FL 33132 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/MEMBERS:

Title: MGRM () Delete
Name: FLOYD, LYLE
Address: 1002 LADY GUINEVERE DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: FLOYD, DIANA
Address: 1002 LADY GUINEVERE DRIVE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLOYD, LYLE
Address: 1018 TANNER RD
City-St-Zip: PLANT CITY, FL 33566 US

Title: MGRM (X) Change () Addition
Name: FLOYD, DIANA
Address: 1018 TANNER RD
City-St-Zip: PLANT CITY, FL 33566 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANA FLOYD

V P

01/05/2004

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