




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90023 046 ****50.00

DOCUMENT # L03000020401					
1. Entity Name LMD GROUP, LLC					
Principal Place of Business 7901 SW 67TH AVENUE, SUITE 206 SOUTH MIAMI, FL 33143			Mailing Address 7901 SW 67TH AVENUE, SUITE 206 SOUTH MIAMI, FL 33143		
2. Principal Place of Business - No P.O. Box # 7152 NW 50 STREET		3. Mailing Address 7152 NW 50 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202007 Chg-LLC CR2E083 (12/06)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number APPLIED FOR	
Zip 33166		Country Miami Dade		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUDD, GEORGE E 7901 SW 67TH AVENUE, SUITE 206 SOUTH MIAMI, FL 33143			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUDD, DOUGLAS 7901 SW 67TH AVENUE, SUITE 206 SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6601 SW 49 Terrace SOUTH MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLANAS, JUAN 7901 SW 67TH AVENUE, SUITE 206 SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7152 NW 50 STREET MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 4/19/07 Daytime Phone # 305-592-3136		
Juan Planas, MGRM					

20-4125401