2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUM	MENT	# I	.03000035574
ひししい	VILLEVI	77 L	.000000007

1. Entity Name

LDM MANAGEMENT, LLC



Principal Place of Business

Mailing Address

14996 PALMWOOD RŌAD PALM BEACH GARDENS, FL 33410 14996 PALMWOOD ROAD PALM BEACH GARDENS, FL 33410

indlinti ell aniad (uu ca u eest	EE:01 EE:22 U.S.	#HR1 84H1 1883	i Minnel ISI indi
	#11 #1#1 1111/			} 6 P 8
			#	・ 多(多) だん 付表)
	1636 44 166 84 166	83\\\ 86\\$8 \\\ 8	4646 3 555 1 5 65	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

DO NOT WRITE IN THIS SPACE

03262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0244378

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUERBRG, ERIC M 200 VILLAGE SQUARE CROSSING, SUITE 102 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

	<u></u>					
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 lamiliar with, and accept the obligations of registered agent.						
SIGNATURE_						
	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Register	ed Agent signature required when reinstating) . DATE				
Fi D	iling Fee is \$50.00 ue by May 1, 2005	U00000314404 04/18/05-80166-004 50.00				
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLING, LISA 14996 PALMWOOD ROAD PALM BEACH GARDENS, FL 33410					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
TITLE NAME STREET ADDRESS						

11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or they believe of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

(4/14/05

Daytme Phone #