


LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

07 APR 30 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000036790	
1. Entity Name LAMARR MANAGEMENT COMPANY, LLC	

DO NOT WRITE IN THIS SPACE

BK

2. Principal Place of Business 400 North Adams St.	3. Mailing Address 400 North Adams St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32301 Country USA	Zip 32301 Country USA

CR2E083B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Ecitryn LaMarr	
Street Address (P.O. Box Number is Not Acceptable) 400 North Adams St	
City Tallahassee	FL Zip Code 32301

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 **Ecitryn LaMarr**
Signature, typed or printed name of registered agent and title if applicable.

4/30/07
DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LaMarr, Ecitryn S. 3865 Wince-mere Road Tallahassee, FL 32311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400101629034 05/07/07-01003-0003 **50.00
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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 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: **Ecitryn LaMarr**

4/30/07 850-933-2700