

FILED
Aug 23, 2004 8:00 am
Secretary of State

220004

DOCUMENT # L03000040679				08-23-2004 90150 015 *****50.00	
1. Entity Name LDM PROPERTIES, LLC					
Principal Place of Business 6824 BAY HILL DRIVE BRADENTON, FL 34202		Mailing Address 6824 BAY HILL DRIVE BRADENTON, FL 34202			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 20-0347507	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent	
				7. Name and Address of New Registered Agent	
MAUGHAN, LINDA LEE 6824 BAY HILL DRIVE BRADENTON, FL 34202		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			MEMBER/MANAGER Linda Lee Maughan 6824 Bay Hill Drive Bradenton, FL 34202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			MEMBER/MANAGER Darlene Moses-Bates 7985 Lost Tree Drive Youngstown, OH 44512		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			MEMBER/MANAGER Milene Moses 1805 E. Western Reserve Rd., Unit 9 Poland, OH 44514		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Linda Lee Maughan</u> 8-18-04 (941) 9072207 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					