

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 02, 2006 8:00 am
Secretary of State

05-01-2006 90033 023 ****50.00

DOCUMENT # L03000043281

1. Entity Name
LMC DEVELOPMENT, LLC



Principal Place of Business

**C/O ROBERT S. FORMAN, P.A.
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE, FL 33309**

Mailing Address

**C/O ROBERT S. FORMAN, P.A.
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE, FL 33309**



01172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1220857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FORMAN, ROBERT S ESQ.
C/O ROBERT S. FORMAN, P.A.
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FJB DEVELOPMENT, INC.
STREET ADDRESS	2101 WEST COMMERCIAL BLVD., SUITE 4100
CITY - ST - ZIP	FT. LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
of Company

Date

Daytime Phone #

5/26/06