


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000044836 1. Entity Name L & M PROPERTIES / FRED LAIER LLC	
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Principal Place of Business 5418 S.W. 2ND PLACE CAPE CORAL, FL 33914 US	Mailing Address 5418 S.W. 2ND PLACE CAPE CORAL, FL 33914 US
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DO NOT WRITE IN THIS SPACE



01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2416241	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAIER, FRED
5418 S.W. 2ND PLACE
CAPE CORAL, FL 33914**

**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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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**Filing Fee is \$50.00
Due by May 1, 2006**

U000000379798
01/10/06-80035-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAIER, FRED 5418 S.W. 2ND PLACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILLSTRAND, MARILYN 5418 S.W. 2ND PLACE CAPE CORAL, FL 33914
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Marilyn Hillstrand</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>1/10/06</i> <small>Date</small>	<i>(239) 542-3345</i> <small>Daytime Phone #</small>
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