


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000053864</b> 1. Entity Name <b>L.M.L. GROUP, LIMITED LIABILITY COMPANY</b>	
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Principal Place of Business <b>P.O. BOX 47512 ST PETERSBURG, FL 33743</b>	Mailing Address <b>P.O. BOX 47512 ST PETERSBURG, FL 33743</b>
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04102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1714808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LOTT, LAWRENCE M  
13404 S.W. 104TH LANE  
DUNNELLON, FL 34432**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

000000509546  
04/28/06-80048-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOTT, LAWRENCE M 13404 SW 104TH LANE DUNNELLON, FL 34432
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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  M. Lott MGRM 4-11-06 727-347-761