2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# L04000000240

Entity Name: LMG, LLC

Current Principal Place of Business:

4411 CLEVELAND AVE.
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

4411 CLEVELAND AVE.
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 56-2451010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STIMEONE, RICHARD J
4411 CLEVELAND AVE.
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

SIMEONE, RICHARD J
4411 CLEVELAND AVE.
FT MYERS, FL 33901 US

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.

SIGNATURE: RICHARD SIMEONE 04/15/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: LAGESCHULTE, DAVID L
Address: 4411 CLEVELAND AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: MGRM ( ) Change (X) Addition
Name: GIBSON, MARK I
Address: 100 EAST PINE STREET
City-St-Zip: ORLANDO, FL 33801

Title: MGRM ( ) Change (X) Addition
Name: REVELLE, J G
Address: 100 EAST PINE STREET
City-St-Zip: ORLANDO, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID LAGESCHULTE MGRM 04/15/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date