2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# L04000035859

Entity Name: LSMP LLC

Current Principal Place of Business:

5889 S WILLIAMSON BLVD
SUITE 209
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

5889 S WILLIAMSON BLVD
SUITE 209
PORT ORANGE, FL 32128 US

New Mailing Address:

FEI Number: 20-1107603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

HAZEN, MARC A
5889 S. WILLIAMSON BLVD
SUITE 209
PORT ORANGE, FL 32128 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: MARC HAZEN 07/05/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HAZEN, MARC
Address: 438 CHAMPAGNE CIRCLE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGR ( ) Delete
Name: HAZEN, LAURA
Address: 438 CHAMPAGNE CIRCLE
City-St-Zip: PORT ORANGE, FL 32127 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARC HAZEN MGR 07/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date