

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000061327**

1. Entity Name  
**L.F.W. GROUP L.L.C.**



Principal Place of Business  
**20 REDWOOD TRACK COURSE  
OCALA, FL 34472 US**

Mailing Address  
**20 REDWOOD TRACK COURSE  
OCALA, FL 34472 US**



04092006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1555900**

Applied For  
Not Applicable

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

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

**ELLSPERMANN, CARL W  
1111 NE 25TH AVE  
SUITE 202  
OCALA, FL 34470**

**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	MGRM
NAME	STEVE, LOCHRIE J JR
STREET ADDRESS	20 REDWOOD TRACK COURSE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	MGRM
NAME	FROBISH, J. T
STREET ADDRESS	538 SE 39TH TERRACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	WILLIAMSON, TERRY B
STREET ADDRESS	134 SPAULDING CIRCLE
CITY-ST-ZIP	GOOSE CREEK, SC 29445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000505180  
04/26/06-80107-005 50.00

**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:** \_\_\_\_\_

**STEVE LOCHRIE**

**4/9/06**

**(352) 427-5630**

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

Date

Telephone Number