
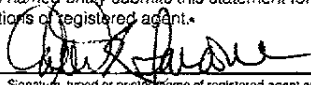

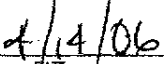
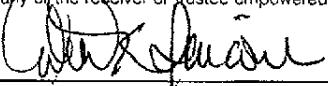



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00-AM
Secretary of State

DOCUMENT # L04000066156		
1. Entity Name LAMSON, LLC		
Principal Place of Business 4114 LAMSON AVENUE SPRING HILL, FL 34608 US		Mailing Address 4114 LAMSON AVENUE SPRING HILL, FL 34608 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LIGHTWEIGHT, LLC 4112 LAMSON AVENUE SPRING HILL, FL 34608		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 reinstating) DATE: 4/14/06		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIGHTWEIGHT, LLC 4114 LAMSON AVENUE SPRING HILL, FL 34608	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM D&D HOLDINGS, LLC 18901 LANSFORD DRIVE SPRING HILL, FL 34667	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date: 4/14/06 Daytime Phone: 352 684 8884		