

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90038 037 ****50.00

DOCUMENT # L04000069808		
1. Entity Name LCM LIVING, LLC		
Principal Place of Business 1209 THIRD STREET SOUTH NAPLES FL 34102		Mailing Address 1209 THIRD STREET SOUTH NAPLES FL 34102



1st MOORE CR2E083 (10/05)

2. Principal Place of Business 1207 3RD ST SO		3. Mailing Address 1207 3RD ST SO		4. FEI Number 20-1641265		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. #3		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
City & State NAPLES FL		City & State NAPLES FL					
Zip 3410Y	Country USA	Zip 3410Y	Country USA				

6. Name and Address of Current Registered Agent SOWARBY, JOHN L 513 BAY VILLAS LANE NAPLES FL 34108				7. Name and Address of New Registered Agent			
				Name SAME			
				Street Address (P.O. Box Number is Not Acceptable) 1207 3RD ST SO. #3			
				City NAPLES		FL	Zip Code 3410Y

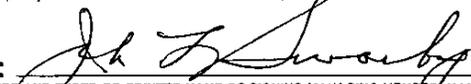
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORTON-SOWARBY, JAN 513 BAY VILLAS LANE NAPLES FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1207 3RD ST SO NAPLES FL 3410Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOEARBY, JOHN L 513 BAY VILLAS LANE NAPLES FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOWARBY 1207 3RD ST SO NAPLES FL 3410Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4/24/06 (239) 263-7999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #