

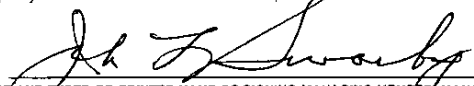


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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		
2. Principal Place of Business 1207 3RD ST SO Suite, Apt. #, etc. #3		3. Mailing Address 1207 3RD ST SO Suite, Apt. #, etc. #3			
City & State NAPLES FL		City & State NAPLES FL			
Zip 3410Y		Country USA			
4. FEI Number 20-1641265		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	HORTON-SOWARBY, JAN				
STREET ADDRESS	513 BAY VILLAS LANE				
CITY-ST-ZIP	NAPLES FL 34108				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	SOEABY, JOHN L				
STREET ADDRESS	513 BAY VILLAS LANE				
CITY-ST-ZIP	NAPLES FL 34108				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	1207 3RD ST SO				
STREET ADDRESS	NAPLES FL 3410Y				
CITY-ST-ZIP					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SOWARBY				
STREET ADDRESS	1207 3RD ST SO				
CITY-ST-ZIP	NAPLES FL 3410Y				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					