


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90061 018 ****50.00

DOCUMENT # L04000071453

1. Entity Name
 LMS LIMITED LIABILITY COMPANY



Principal Place of Business
 316 WILLIAMS ST.
 TALLAHASSEE, FL 32303 US

Mailing Address
 316 WILLIAMS ST.
 TALLAHASSEE, FL 32303 US

2. Principal Place of Business - No P.O. Box #
 3059 Highland Oaks Terr.
 Suite, Apt. #, etc.

3. Mailing Address
 3059 Highland Oaks Terr.
 Suite, Apt. #, etc.
~~Fact~~



06262007 Chg-LLC CR2E083 (12/06)

City & State
 Tallahassee, FL

City & State
 Tallahassee, FL

Zip
 32301

Country
 US

Zip
 32301

Country
 US

4. FEI Number
 20-1727719

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, RICHARD W III
 316 WILLIAMS ST.
 TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
 Richard W Davis, III

Street Address (P.O. Box Number is Not Acceptable)
 5995 Colonel Scott Dr.

City
 Tallahassee

FL Zip Code
 32309

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  Richard W. Davis, III 6/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

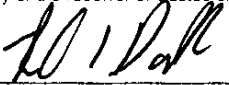
Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, RICHARD W III 316 WILLIAMS ST. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5995 Colonel Scott Dr. 32309
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:  Richard W. Davis, III 6/26/07 850 309-3930

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