

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/31

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-09-2008 90047 031 ***138.75

DOCUMENT # L04000071453

1. Entity Name
LMS LIMITED LIABILITY COMPANY



Principal Place of Business Mailing Address
3059 HIGHLAND OAKS TERR. **3059 HIGHLAND OAKS TERR.**
TALLAHASSEE, FL 32301 US **TALLAHASSEE, FL 32301 US**

30010644



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

07072008 Chg-LLC CR2E083 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
20-1727719 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, RICHARD W III
5995 COLONEL SCOTT DR
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 registering) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	DAVIS, RICHARD W III	5995 COLONEL SCOTT DR	TALLAHASSEE, FL 32309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Date: 7/2/08 Daytime Phone #: (850)309-3930