

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006743

FILED
Feb 02, 2006
Secretary of State

Entity Name: STACY MCCORMICK LAMON, LLC

Current Principal Place of Business:

9 GALE COURT
FREEPORT, FL 32439

New Principal Place of Business:

65 HIDDEN HARBOR LANE
MIRAMAR BEACH, FL 32550

Current Mailing Address:

9 GALE COURT
FREEPORT, FL 32439

New Mailing Address:

65 HIDDEN HARBOR LANE
MIRAMAR BEACH, FL 32550

FEI Number: 20-2197230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMON, STACY M
9 GALE COURT
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

LAMON, STACY M
65 HIDDEN HARBOR LANE
MIRAMAR BEACH, FL 32550 US

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.

SIGNATURE: STACY M. LAMON

02/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAMON, STACY M
Address: 9 GALE COURT
City-St-Zip: FREEPORT, FL 32439

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAMON, STACY M
Address: 65 HIDDEN HARBOR LANE
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM () Change (X) Addition
Name: LAMON, CLARENCE D III
Address: 65 HIDDEN HARBOR LANE
City-St-Zip: MIRAMAR BEACH, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STACY M LAMON

MGRM

02/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date