

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007481

Entity Name: LM HOUSING, LLC

FILED  
Feb 23, 2007  
Secretary of State

**Current Principal Place of Business:**

3200 EAST JOHNSON AVENUE  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15470  
PENSACOLA, FL 325140470

**New Mailing Address:**

FEI Number: 59-2049647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, JOSEPH R JR  
3200 EAST JOHNSON AVENUE  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR ( ) Delete  
Name: WILLIAMS, JOSEPH R JR.  
Address: 1705 BAKALANE AVE  
City-St-Zip: PENSACOLA, FL 32504 US

Title: MR ( ) Delete  
Name: WILLIAMS, JEFFREY L  
Address: 750 WOODBINE DR  
City-St-Zip: PENSACOLA, FL 32503 US

Title: MR ( ) Delete  
Name: WILLIAMS, SCOTT B  
Address: 3305 WHITELEAF CIR  
City-St-Zip: PENSACOLA, FL 32504 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SCOTT WILLIAMS

MR

02/23/2007

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