


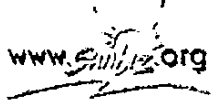
# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

06-21-2006 90189 018 \*\*\*\*50.00

<b>DOCUMENT # L05000023474</b>					
<b>1. Entity Name</b> LMM FLORAL ARTS, LLC					
<b>Principal Place of Business</b> 851 S.E. 6TH AVENUE SUITE 107 DELRAY BEACH, FL 33483 US			<b>Mailing Address</b> 851 S.E. 6TH AVENUE SUITE 107 DELRAY BEACH, FL 33483 US		
<b>2. Principal Place of Business</b> SAME AS ABOVE		<b>3. Mailing Address</b> SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06022006    Chg-LLC    CR2E083 (11/05)	
Zip	Country	Zip	Country	<b>4. FEI Number</b> 30-030-2304	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MAYER, MARTIN C. 9755 CORONADO LAKE DRIVE BOYNTON BEACH, FL 33437			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		--		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYER, LEE M 12298 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>I Michael Mayer</i> Managing Member    6-7-06    561-243-0234					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					

Braman Apartments, LLC



**ATTACHMENT**  
**Division of Corporations**

Annual Report

40096505

Document Number  
L02000034550

Thank you for filing your Annual Report online. Your report filed date will be today's date if there are no processing errors.

Your confirmation number is 700072921087.

Your charge amount is 50.00.

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Braman



**ATTACHMENT** 40096505  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number  
**L05000023474**  
Business Entity Name  
**LMM FLORAL ARTS, LLC**

FEI Number **30-0302306**  
FEI Number Status Listed Above Applied For Not Applicable  
Certificate of Status Desired Yes No \$5.00 each

**Principal Place of Business**

Address **851 S.E. 6TH AVENUE**  
Suite, Apt. #, etc. **SUITE 107**  
City, State **DELRAY BEACH**, FL  
Zip Code & Country **33483 US**

**Mailing Address**

Address **851 S.E. 6TH AVENUE**  
Suite, Apt. #, etc. **SUITE 107**  
City, State **DELRAY BEACH**, FL  
Zip Code & Country **33483 US**

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) **MAYER**, **MARTIN**, **C**,  
**- OR -**

Business to serve as RA

Address (PO Box is not acceptable) **9755 CORONADO LAKE DRIVE**  
Suite, Apt. #, etc.  
City, State **BOYNTON BEACH**, FL  
Zip Code & Country **33437 US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

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own RA.

40096505

#L05080023979

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Managing Member/Manager Name and Address**

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title MGRM  
Name (Last, First, Middle, Title) MAYER, LEE, M,

**- OR -**

Entity Name to serve as MGR or  
MGRM

Street Address 12298 WEST SAMPLE ROAD  
City, State CORAL SPRINGS, FL  
Zip Code & Country 33065 US

Title  
Name (Last, First, Middle, Title), ,

**- OR -**

Entity Name to serve as MGR or  
MGRM

Street Address  
City, State,  
Zip Code & Country

Title  
Name (Last, First, Middle, Title), ,

**- OR -**

Entity Name to serve as MGR or  
MGRM

Street Address  
City, State,  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or  
MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or  
MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or  
MGRM

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title: *Managing Member*

Managing Member/Manager Signature *L. Michael Myers*

The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

Start Over