2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

DOCUMENT # L05000030680 1. Enlity Name LM & TJ PROPERTIES, L.L.C.							01-09-200	6 90049 04:	2 ***	*50.00
Principal Place of Business 550 TIFFANY TERRACE LAKELAND, FL 33813			Mailing Address P.O. BOX 456 EATON PARK, FL 33840							
2. Principal P	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052006	Chg-LLC	CR2E083 (11/05)	
City & State			City & State			4. FEI Numi	3-33-57	98		oplied For ot Applicable
Zip			Zip Coun		itry	5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name					
MCMACHEN, LARRY G			,		Street Address (P.O. Box Number is Not Acceptable)					
-550 TIFFANY TERRACE LAKELAND, FL 33813					Street Address	(F.O. BOX NUM	Der is Not Acceptable	=;		
:					City			FL Z	ip Cod	6
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 eccept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and like If applicable. (INOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$50.00 Due by May 1, 2008								e check payab Department o		•
9.	·	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS)	CHANGES		
TITLE	MGR MCMACH	EN, LARRY G	☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	550 TIFF	NY TERRACE D, FL 33813	STRE		ET ADORESS -ST-ZIP					
TITLE NAME	MGR	Y, TERRENCE J	☐ Deleta						hange	Addition
STREET ADDRESS	550 TIFFA	NY TERRACE	SIT		ET ADDRESS					
CITY-ST-ZIP	LAKELAN	☐ Delete	шп	-SI-ZIP				hange	Addition	
NAME STREET ADDRESS				HAM	- r			_	•	_
CITY-ST-ZIP					ET ADORESS - ST - ZIP					
TITLE NAME	☐ Deliste								hange	Addition
STREET ADDRESS CITY-ST-ZIP					et adoress -st-zip	_				
TITLE NAME			☐ Delete	TITLE					tiange	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITLE					trange	☐ Addition
name Street address City+ST-ZIP					E Et adoress -St-Zip					
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:										
SIGNATURE: SIGNAT										



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2006

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LM & TJ PROPERTIES, L.L.C. P.O. BOX 456 EATON PARK, FL 33840

Subject: LM & TJ PROPERTIES, L.L.C.

Reference Number:

L05000030680

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al ANNUAL REPORTS SECTION