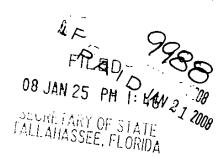
## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT DOCUMENT # L05000030680** 1. Entity Name LM & TJ PROPERTIES, L.L.C. Principal Place of Business Mailing Address **550 TIFFANY TERRACE** P.O. BOX 456 LAKELAND, FL 33813 EATON PARK, FL 33840 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent MCMACHEN, LARRY G 550 TIFFANY TERRACE LAKELAND, FL 33813





01082008 No Chg-LLC

CR2E083 (12/07)

_	0-46-4-404-4-0-4	 \$5.0	 Additional
	26-3335798		Not Applic
4.	FEI Number		Applied Fo
_			

5. Certificate of Status Desired

Fee Required

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of char the obligations of registered agent.</li></ol>	nging its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCMACHEN, LARRY G
STREET ADDRESS	550 TIFFANY TERRACE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	MGR
NAME	HORNSBY, TERRENCE J
STREET ADDRESS	550 TIFFANY TERRACE
CITY-ST-ZIP	LAKELAND, FL 33813
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	

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DO NOT WRITE IN THIS SPACE

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.

S	IG	N	Δ.	TI	H	R	F	
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ITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED

Daytime Phone 4