

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

138-75

DOCUMENT # L05000030680

1. Entity Name
LM & TJ PROPERTIES, L.L.C.



Principal Place of Business
550 TIFFANY TERRACE
LAKELAND, FL 33813

Mailing Address
P.O. BOX 456
EATON PARK, FL 33840

DO NOT WRITE IN THIS SPACE

FILED
08 JAN 25 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number
26-3335798

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

MCMACHEN, LARRY G
550 TIFFANY TERRACE
LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

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.

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

300117640703
02/11/08--01005--018 **438.75

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____