

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037825

Entity Name: LM, LLC

FILED  
Jun 18, 2007  
Secretary of State

**Current Principal Place of Business:**

1025 E. CROWN POINT RD  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1025 E. CROWN POINT RD  
OCOE, FL 34761

**New Mailing Address:**

FEI Number: 26-0118304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ANDERSON, WENDY R  
100 S. ORANGE AVENUE  
SUITE 400  
ORLANDO, FL 32801 US

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

ANDERSON, WENDY R  
1270 ORANGE AVENUE  
SUITE D  
WINTER PARK, FL 32789 US

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: \_\_\_\_\_

06/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MADRUGA, LUIS  
Address: 1025 E CROWN POINT ROAD  
City-St-Zip: OCOE, FL 34761

Title: MGRM ( ) Delete  
Name: MADRUGA, MAYTE  
Address: 1025 E CROWN POINT ROAD  
City-St-Zip: OCOE, FL 34761

**ADDITIONS/CHANGES:**

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 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: LUIS MADRUGA

MGRM

06/18/2007

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