
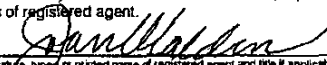



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 SEP 15 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000042275			
1. Entity Name LORD'S SERVICES LLC			
Principal Place of Business 3632 BALLESTERO DR. S. JACKSONVILLE, FL 32257		Mailing Address 9532 BALLESTERO DR. S. JACKSONVILLE, FL 32257	
2. Principal Place of Business 13801 BEACH BLVD Suite, Apt. #, etc. APT. 803 City & State JACKSONVILLE, FL Zip 32224 Country USA		3. Mailing Address P.O. BOX 49205 Suite, Apt. #, etc. City & State JACKSONVILLE BEH, FL Zip 32240 Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDEN, JOAN 9532 BALLESTERO DR. S. JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name JOAN WALDEN Street Address (P.O. Box Number is Not Acceptable) 13801 BEACH BLVD., APT. 803 City JACKSONVILLE FL Zip Code 32240	
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	
Filing Fee is \$50.00 Due by September 15, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALDEN, JOAN 9532 BALLESTERO DR. S. JACKSONVILLE, FL 32257 13801 BEACH BLVD. APT. 803, 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	08-11-2006 90091 005 ****50.00 L05000042275 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	