

2006


PLEASE READ ALL INSTRUCTIONS BEFORE CO

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90021 028 \*\*\*150.00

20038373

CR2E041 (8/05)

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> L05000046693			
<b>1. Limited Liability Company's Name</b> Lora J. Chambers, LLC			
<b>2. Principal Office Address</b> 125 MAIN ST Suite, Apt. #, etc. City & State Destin Zip 32541		<b>3. Mailing Office Address</b> 125 MAIN ST Suite, Apt. #, etc. City & State Florida Zip 32541	
Country USA		Country USA	

<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 5/5/05	
<b>6. FEI Number</b> 13-4309429	<b>Applied For</b> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>	
Name Lora J Chambers	
Street Address (P.O. Box Number is Not Acceptable) 125 MAIN STREET	
Suite, Apt. #, Etc.	
City Destin FL	Zip Code 32541

<b>9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b>			
Signature of Registered Agent Lora J. Chambers		Date 4/16/06	
REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Lora J. Chambers	125 Main St	Destin FL 32541
<b>11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>			
Signature of Managing Member/Manager Lora J. Chambers		Date 4/16/06	
Typed or printed name of signing Managing Member/Manager Lora J. Chambers		Daytime Phone # 850-865-7144	