2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000050679

1. Entity Name LRMC, LLC



Principal Place of Business

21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 US Mailing Address

21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 US FILED Apr 17, 2008 08:00 Al Secretary of State



04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2882938

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486

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SIGNATURE	 The above named entity submits this statement for the purpose of ch the obligations of registered agent. 	nanging its registered office or registered agent, or both	, in the State of Florida. I am tamiliar with, and accept
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.	SIGNATURE Signature, typed or printed name of registered agent and kille 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	MGRM ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Counter 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 pade 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: WILLIAM K ISAACSON

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

41408

Davlime Phone #

564757-88