

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000051408 1. Entity Name LMC BACKBONE GROVE, LLC					
Principal Place of Business 33 EAST WALL STREET FROSTPROOF, FL 33843			Mailing Address 33 EAST WALL STREET FROSTPROOF, FL 33843		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02072006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">59-1004757</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent ROBBINS, R. JAMES JR. 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA, FL 33602			
7. Name and Address of New Registered Agent Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">P.T. Wilson</div> Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; display: inline-block;">33 East Wall Street</div> City <div style="border: 1px solid black; padding: 2px; display: inline-block;">Frostproof</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">FL</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Zip Code 33843</div>		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 28 April 06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
MGR Latt Maxcy Corporation 33 East Wall Street Frostproof, FL 33843			000075484800 05/31/06--01010--002 **700.00		
[Handwritten: 5/31/06]			[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
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:			4-26-06 963.635.4804		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		