


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90173 041 \*\*\*\*50.00

**DOCUMENT # L05000056099**

1. Entity Name  
**L.R.S., LLC**



Principal Place of Business      Mailing Address  
**10616 THORNE DRIVE**      **10616 THORNE DRIVE**  
**FT. WASHINGTON, MD 20744 US**      **FT. WASHINGTON, MD 20744 US**


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**20005334**



01092006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For  
**20-3046597**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GONZALES, CHARLES M**  
**2891 SE 19TH AVE.**  
**GAINESVILLE, FL 32641**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

Make check payable to  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GONZALES, LARRY A	
STREET ADDRESS	10616 THORNE DRIVE	
CITY-ST-ZIP	FT. WASHINGTON, MD 20744	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BURNS, ROBERTA L	
STREET ADDRESS	10616 THORNE DRIVE	
CITY-ST-ZIP	FT. WASHINGTON, MD 20744	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GONZALES, STACEY A	
STREET ADDRESS	6617 EAST WAKEFIELD DR., APT. A-2	
CITY-ST-ZIP	FAIRFAX, MD 22307	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Larry A. Gonzales      31 Jan 06      240-461-6627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #