


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
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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. Burnes 31 Jan 06 240-461-6627

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