

-2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90020 010 ****55.00

DOCUMENT # L05000058493					
1. Entity Name LM REALTY INVESTMENTS, LLC					
Principal Place of Business 122 15TH AVENUE N. UNIT # 1 JACKSONVILLE BEACH, FL 32250 US			Mailing Address 122 15TH AVENUE N. UNIT # 1 JACKSONVILLE BEACH, FL 32250 US		
2. Principal Place of Business 135 2ND AVENUE N Suite, Apt. #, etc. 3		3. Mailing Address 135 2ND AVENUE N Suite, Apt. #, etc. 3			
City & State JACKSONVILLE BEACH		City & State JACKSONVILLE BEACH		4. FEI Number 20-2992824	
Zip 32250		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCANN, MICHAEL 122 15TH AVENUE N. UNIT # 1 JACKSONVILLE, FL 32250				7. Name and Address of New Registered Agent Name MICHAEL MCCANN Street Address (P.O. Box Number is Not Acceptable) 135 2ND AVENUE N, STE 3 City JACKSONVILLE BEACH FL Zip Code 32250	
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: MICHAEL MCCANN DATE: 4-06-06 <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 MGR NAME MCCANN MANAGEMENT CORP. STREET ADDRESS 122 15TH AVENUE N., UNIT # 1 CITY-ST-ZIP JACKSONVILLE, FL 32250	<input type="checkbox"/> Delete		TITLE MGR NAME MICHAEL MCCANN STREET ADDRESS 135 2ND AVENUE N, STE 3 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			MICHAEL MCCANN DATE: 4-06-06 904-242-9195		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		