


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90016 014 \*\*\*\*55.00

<b>DOCUMENT # L05000066594</b>					
<b>1. Entity Name</b> LM ROSTAD PROPERTIES LLC					
<b>Principal Place of Business</b> 1427 SOUTHWEST 38TH STREET CAPE CORAL, FL 33914			<b>Mailing Address</b> 1427 SOUTHWEST 38TH STREET CAPE CORAL, FL 33914		
<b>2. Principal Place of Business</b> 1108 S.W. 18th Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1108 S.W. 18th Ave. Suite, Apt. #, etc.			
<b>City &amp; State</b> Cape Coral, FL		<b>City &amp; State</b> Cape Coral, FL		<b>4. FEI Number</b>	
<b>Zip</b> 33991		<b>Country</b> Lee		<b>5. Certificate of Status Desired</b>	
<b>6. Name and Address of Current Registered Agent</b> ROSTAD, LINDA 1427 SOUTHWEST 38TH STREET CAPE CORAL, FL 33914		<b>7. Name and Address of New Registered Agent</b> Name: LINDA ROSTAD Street Address (P.O. Box Number is Not Acceptable): 1108 S.W. 18th Ave. City: Cape Coral FL Zip Code: 33991			
<b>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.</b> SIGNATURE: <u>Linda Rostad</u> DATE: <u>4/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM ROSTAD, LINDA 1427 SOUTHWEST 38TH STREET CAPE CORAL, FL 33914		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM ROSTAD, LINDA 1108 S.W. 18th Ave. Cape Coral, FL 33991	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Linda Rostad</u> DATE: <u>4/21/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					