


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90042 016 ****50.00

DOCUMENT # L05000066594 1. Entity Name LM ROSTAD PROPERTIES LLC					
Principal Place of Business 1108 SW 18TH AVE FORT MYERS, FL 33994 Cape Coral, FL 33991			Mailing Address 1108 SW 18TH AVE FORT MYERS, FL 33994 Cape Coral, FL 33991		
2. Principal Place of Business - No P.O. Box # 1108 SW 18 Ave		3. Mailing Address 1108 S.W 18 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cape Coral FL		City & State Cape Coral, FL		4. FEI Number NOT APPLICABLE	
Zip 33991		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33991		Country Lee		6. Name and Address of Current Registered Agent	
Name ROSTAD, LINDA 1108 SW 18TH AVE CAPE CORAL, FL 33991		7. Name and Address of New Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)		Name			
City		Street Address (P.O. Box Number is Not Acceptable)			
FL		City			
Zip Code		FL			
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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSTAD, LINDA 1108 SW 18TH AVE CAPE CORAL, FL 33991		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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	
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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: <i>Linda M. Rostad</i>			4/10/2007 275-2185		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		