

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-07-2006 90110 046 ****50.00

DOCUMENT # L05000070768	
1. Entity Name LA & JM, LLC	



Principal Place of Business 290 CAMPGAW ROAD MAHWAH, NJ 07430-2531	Mailing Address 290 CAMPGAW ROAD MAHWAH, NJ 07430-2531
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2. Principal Place of Business 4700 W. 1810 Bronson Hwy	3. Mailing Address 4700 W. 1810 Bronson Memorial Hwy
Suite, Apt. #, etc. US 192	Suite, Apt. #, etc. US 192 East



07262006 Chg-LLC CR2E083 (11/05)

City & State Kissimmee FL	City & State Kissimmee FL
Zip 34746	Country OSCEOLA
Country OSCEOLA	Country OSCEOLA

4. FEI Number 01-0860608	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent	
BENEDICT, ROBERT C. ESQ.	
1861 PLACIDA ROAD, SUITE 204	
ENGLEWOOD, FL 34223	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

9. 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 re-registering) DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM GARBOWSKI, LESZEK 290 CAMPGAW ROAD MAHWAH, NJ 074302531	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM GARBOWSKI, ANNA 290 CAMPGAW ROAD MAHWAH, NJ 074302531	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM LENCZEWSKI, JAN 48 UPPER HIGH CREST DRIVE WEST MILFORD, NJ 07480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM LENCZEWSKI, MARIA G 48 UPPER HIGH CREST DRIVE WEST MILFORD, NJ 07480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Please Send to: Red Carpet Inn LA & JM LLC 4700 W. 1810 Bronson Memorial Hwy 192E Kissimmee FL 34746	

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: Maria G. Lencowski **8/2/06** **407-396-1133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE Daytime Phone #