

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90021 042 \*\*\*\*50.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L05000071906</b>                     |  |  |
| 1. Entity Name<br><b>L M PROPERTY SERVICES LLC</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>4228 SW 97 COURT<br/>MIAMI, FL 33165</b> | Mailing Address<br><b>4228 SW 97 COURT<br/>MIAMI, FL 33165</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>3135 SW 148 AVENUE</b> | 3. Mailing Address<br><b>3135 SW 148 AVENUE</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                             |

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>MIAMI, FL</b> | City & State<br><b>MIAMI, FL</b> |
| Zip<br><b>33185</b>              | Country                          |
| Country                          | Zip<br><b>33185</b>              |
| Country                          | Country                          |



03272006 Chg-LLC CR2E083 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-3185412</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>GRAND INVESTMENTS CORPORATION<br/>4228 SW 97 COURT<br/>MIAMI, FL 33165</b>        |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |

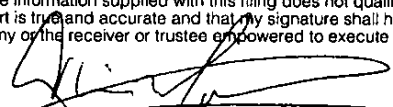
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GRAND INVESTMENTS CORPORATION<br>4228 SW 97 COURT<br>MIAMI, FL 33165 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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.

|   |                |                     |
|---|----------------|---------------------|
| <b>SIGNATURE:</b>  | <b>3-29-06</b> | <b>786-306-4658</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date           | Daytime Phone #     |