

**2006 LIMITED LIABILITY CO.
ANNUAL REPORT**

FILED
Jul 10, 2006 8:00 am
Secretary of State

02-09-2006 90146 033 ****50.00

DOCUMENT # L05000075758			
1. Entity Name LR PROPERTY MANAGEMENT, LLC			
Principal Place of Business % ROSE GUIDA 173 SAN REMO DRIVE JUPITER, FL 33458		Mailing Address % ROSE GUIDA 173 SAN REMO DRIVE JUPITER, FL 33458	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3649644		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BOULEVARD, SUITE 4000 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ DATE _____			
Filing Fee is \$80.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LORRAINE MARTIN 187 SAN REMO DR. JUPITER FL 33458 ☒ Delete ☐ Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member ☒ Delete ☐ Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ROSE GUIDA 173 SAN REMO DR JUPITER FL 33458 ☒ Delete ☐ Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: Rose M. Guida		DATE: 2/7/06	

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02062006 Chg-LLC CR2ED83 (11/05)