

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-03-2006 90004 026 ****55.00

DOCUMENT # L05000084476					
1. Entity Name LMC APPRAISAL SERVICE, LLC					
Principal Place of Business C/O 1508 NUEVA PL. LADY LAKE FL 32154			Mailing Address C/O PO BOX 893 OAKHURST NJ 07755 US		
2. Principal Place of Business 1415 Greenville Way Suite, Apt. #, etc.		3. Mailing Address 1415 Greenville Way Suite, Apt. #, etc.			
City & State the Villages, Florida Zip 32162 Country Sumter		City & State the Villages, Florida Zip 32162 Country Sumter			
4. FEI Number 20-3342360				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LOUIS COLANER C/O 1508 NUEVA PL. <i>changed</i> LADY LAKE FL 32154			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when completing) DATE: 02/16/06					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete COLANER, LOUIS 304 BARCELONA DRIVE TOMS RIVER NJ 08753				
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"/> Delete				
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1415 Greenville Way the Villages, Florida 32162				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>[Signature]</i> LOUIS COLANER DATE: 02/16/06 352-751 DAYTIME PHONE #: 4893					



ATTACHMENT

20002845

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

LMC APPRAISAL SERVICE, LLC
1415 GREENVILLE WY
THE VILLAGES, FL 32162 US

Subject: LMC APPRAISAL SERVICE, LLC

Reference Number:

L05000084476

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM

ANNUAL REPORTS SECTION