2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# L05000090079

Entity Name: LD & COMPANY, LLC

Current Principal Place of Business:

335 SE ST. LUCIE BLVD.
STUART, FL 34996 US

New Principal Place of Business:

2601 SE OCEAN BLVD
STUART, FL 34996 US

Current Mailing Address:

335 SE ST. LUCIE BLVD.
STUART, FL 34996 US

New Mailing Address:

2601 SE OCEAN BLVD
STUART, FL 34996 US

FEI Number: 04-3826279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRAMER, ROBERT S
853 SE MONTEREY COMMONS BLVD.
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALLISON, DEBORAH C
Address: 335 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34996 US

Title: MGRM ( ) Delete
Name: FENSTERER, LYNN A
Address: 71 SOUTH SEWALL'S POINT ROAD
City-St-Zip: STUART, FL 34996 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FENSTERER, LYNN A
Address: 71 S SEWALLS PT RD
City-St-Zip: STUART, FL 34996

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LYNN A FENSTERER MGRM 05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date