2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006
Secretary of State

DOCUMENT# L05000093828

Entity Name: LYME PROPERTIES, LLC

Current Principal Place of Business:

20 PORTOMAR, UNIT 404
PALM COAST, FL 32137

New Principal Place of Business:

20 PORTO MAR, UNIT 404
PALM COAST, FL 32137

Current Mailing Address:

20 PORTOMAR, UNIT 404
PALM COAST, FL 32137

New Mailing Address:

20 PORTO MAR, UNIT 404
PALM COAST, FL 32137

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FT. LAUDERDALE, FL 33316 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: MANNING, RICHARD R
Address: 20 PORTOMAR, UNIT 404
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Delete
Name: MANNING, HARLEY R
Address: 20 PORTOMAR, UNIT 404
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MANNING, RICHARD R
Address: 20 PORTO MAR, UNIT 404
City-St-Zip: PALM COAST, FL 32137

Title: MGRM (X) Change ( ) Addition
Name: MANNING, HARLEY R
Address: 20 PORTO MAR, UNIT 404
City-St-Zip: PALM COAST, FL 32137

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: HARLEY MANNING MGRM 02/02/2006

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