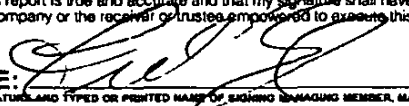


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-11-2006 90017 045 ****50.00

DOCUMENT # L05000099348					
1. Entity Name LFM HOLDINGS, LLC					
Principal Place of Business 4215 S.W. 4TH AVENUE OCALA, FL 34474			Mailing Address 4215 S.W. 4TH AVENUE OCALA, FL 34474		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EQUI, FRANK R JR 4215 S.W. 4TH AVENUE OCALA, FL 34474				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	EQUI, FRANK R JR			NAME	
STREET ADDRESS	4215 S.W. 4TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474			CITY-ST-ZIP	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	FERRENTINO, MICHAEL L			NAME	
STREET ADDRESS	1525 S.E. 16TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34471			CITY-ST-ZIP	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DAVIS, LINDSEY			NAME	
STREET ADDRESS	P.O. BOX 1133			STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34478			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
SIGNATURE: 				4-6-06 352-427-3423	
SIGNATURE/LAND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	