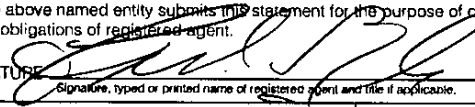
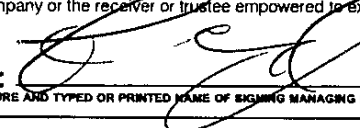


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0753377	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EQUI, FRANK R JR 4215 S.W. 4TH AVENUE OCALA, FL 34474			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:  DATE: <u>2-20-07</u> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EQUI, FRANK R JR 4215 S.W. 4TH AVENUE OCALA, FL 34474	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRENTINO, MICHAEL L 1525 S.E. 16TH AVENUE OCALA, FL 34471	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, LINDSEY P.O. BOX 1133 OCALA, FL 34478	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, LINDSEY P.O. BOX 1133 OCALA, FL 34478	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, LINDSEY P.O. BOX 1133 OCALA, FL 34478	☐ Delete			
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: 				Date: <u>2-20-07</u> Daytime Phone #: <u>352-467-3423</u>	