## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 23, 2007 08:00 AM **DOCUMENT # L05000099348 Secretary of State** LFM HOLDINGS, LLC Principal Place of Business Mailing Address 4215 S.W. 4TH AVENUE 4215 S.W. 4TH AVENUE OCALA, FL 34474 OCALA, FL 34474 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 02-0753377 Not Applicable Zıp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EQUI, FRANK R JR Street Address (P.O. Box Number is Not Acceptable) **4215 S.W. 4TH AVENUE** OCALA, FL 34474 City Zip Code 8. The above named entity submits the state of Fiorida. I am familiar with, and accept Signature, typed or printed name of registered about and file if applicable. (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 MGRM ☐ Delete TITLE Change Addition EQUI, FRANK R JR NAME NAME U000000645881 STREET ADDRESS 4215 S.W. 4TH AVENUE STREET ADDRESS 03/06/07-80007-008 50.00 CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP TITLE MGRM ☐ Detete TITLE ☐ Change ☐ Addition FERRENTINO, MICHAEL L NAME NAME STREET ADDRESS 1525 S.E. 16TH AVENUE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DAVIS, LINDSEY NAME STREET ADDRESS P.O. BOX 1133 STREET ADDRESS CITY-ST-7IP 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 ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS 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.

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED