2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000122451

1. Entity Name
L&M PROPERTY MANAGEMENT LLC

Principal Place of Business	Mailing Address
7984 4TH AVENUE SOUTH ST. PETERSBURG, FL 33707	7984 4TH AVENUE SOUTH ST. PETERSBURG, FL 33707

DO NOT WRITE IN THIS SPACE

05012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-4025421

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VERONA LAW GROUP, P.A.
7235 FIRST AVE. SOUTH
ST. PETERSBURG, FL 33707

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GENNA, RONALD
STREET ADDRESS	13757 HIDDEN VALLEY COURT
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	MGR
NAME	GREEN, BERNARD
STREET ADDRESS	7984 4TH AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	MGR
NAME	VERONA, JAY
STREET ADDRESS	7235 FIRST AVE. SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80001-005 50.00

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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: _____ 5-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #