

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027849

Entity Name: LSM FINANCIAL, LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

307 NE 6TH AVENUE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

6110 NW 1ST PLACE
SUITE A
GAINESVILLE, FL 32607 US

Current Mailing Address:

PO BOX 13109
GAINESVILLE, FL 32604 US

New Mailing Address:

6110 NW 1ST PLACE
SUITE A
GAINESVILLE, FL 32607 US

FEI Number: 02-0772245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSS, D. STEPHEN
307 NE 6TH AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

SHEY, LAURA B
6110 NW 1ST PLACE
SUITE A
GAINESVILLE, FL 32607 US

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: LAURA B. SHEY

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOSS, D. STEPHEN
Address: 307 NE 6TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: MGRM () Delete
Name: SHEY, LAURA B
Address: 2805 NW 38TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605 FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAURA B. SHEY

MGM

04/23/2007

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