

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000028729**

1. Entity Name  
**LRM CAPITAL, LLC**



Principal Place of Business

**P.O. BOX 630176  
MIAMI, FL 33163**

Mailing Address

**P.O. BOX 630176  
MIAMI, FL 33163**



01052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4521582**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MISHKIN, LORI R  
2600 ISLAND BOULEVARD  
APT. 1201  
AVENTURA, FL 33160**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
MISHKIN, LORI R  
2600 ISLAND BOULEVARD, APT. 1201  
MIAMI, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
PECKMAN, JODI  
145 EAST 62ND STREET, #2R  
NEW YORK, NY 10021**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
PECKMAN, PAUL  
77-343 AVENIDA FERNANDO  
LA QUINTA, CA 92253**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
ROGERS, SHEILA  
25 WEST 81ST, APT 14C  
NEW YORK, NY 10024**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
NEEDAM, EDWARD M  
P.O. BOX 630176  
MIAMI, FL 33163**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:** *Lori R. Mishkin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1/7/08* *305-785-5795*

Date

Daytime Phone #