2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90042 006 ****50.00

40088646

DOCUMENT # L06000037472

1. Entity Name
LOHMAN OFFICES, LLC

Principal Place of Business	Mailing Address
1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176

04252007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
725 W. Granada Blvd	725 W. Granada Blvd
Suite, Apt. #, etc.: Suite 48	Suite, Apt. #, etc.: Suite 48
City & State: Ormond Beach, FL	City & State: Ormond Beach, FL
Zip: 32174 Country: USA	Zip: 32174 Country: USA

4. FEI Number 01-0862925 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROCK, JEFFREY P
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name: Nancy Lohman
Street Address (P.O. Box Number is Not Acceptable): 725 W. Granada Blvd
Suite 48
City: Ormond Beach FL Zip Code 32174

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] 4-26-07

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	☐ Delete	TITLE: P NAME: Lohman, Lowell STREET ADDRESS: 1210 John Anderson Dr CITY ST ZIP: Ormond Beach, FL 32176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE: VTS NAME: Lohman, Nancy STREET ADDRESS: 1210 John Anderson Dr CITY ST ZIP: Ormond Beach, FL 32176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE: V NAME: Lohman, Ty STREET ADDRESS: 5 Oakwood Park CITY ST ZIP: Ormond Beach, FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE: V NAME: Lohman, Victor STREET ADDRESS: 31 Pebble Beach Dr CITY ST ZIP: Ormond Beach, FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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: [signature] 4-26-07 386-615-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — DAYTIME PHONE #