## C- 3 W 2008 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

DOCUMENT # L06000081210

LM ACQUISITION LLC

Principal Place of Business

1645 SE 3RD COURT SUITE 200 DEERFIELD BEACH, FL 33441

Mailing Address

1645 SE 3RD COURT SUITE 200 DEERFIELD BEACH, FL 33441

## **FILED** Apr 22, 2008 08:00 AN Secretary of State



04172008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 32-0179400 Not Applicable \$5.00 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

LLOYD GRANET, P.A. 2295 NW CORPORATE BLVD. SUITE 235 BOCA RATON, FL 33431-7330

## 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 little if applicable, | (NOTE Registered | Agent signature required when reinstating) |        | 0091 <sup>2</sup> 1509 |   |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75   |  |                  |  |        |                        |   |
| 9.   | MANAGING MEMBERS/MANAGERS  |                  |  |        |                        |   |
| IIITE  | MGR  |                  |  | •      | •                      |   |
| NAME   | TRI GRAN PRINCIPALS LLC  |                  |  |        |                        |   |
| STREET ADDRESS   | 2295 NW CORP BLVD STE 235  |                  |  |        |                        |   |
| CITY-ST-ZIP  | BOCA RATON, FL 33431   |                  |  |        |                        |   |
| TITLE  |  |                  |  | •      |                        |   |
| NAME   |  |                  |  |        |                        |   |
| STREET ADDRESS   |  |                  |  |        |                        |   |
| CITY-ST-ZIP  | · ·  |                  |  |        |                        | , |
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| STREET ADDRESS   |  |                  | חח   | NOT V  | VRITE                  |   |
| CITY-ST-ZIP  |  |                  |  | 1401   | *1X11 L                |   |
| TITLE  |  |                  | IN '                                       | THIS S | PACE                   |   |
| NAME   |  |                  |  |        | .,                     |   |
| STREET ADDRESS   |  |                  |  |        |                        |   |
| CITY-S1-ZIP  |  |                  |  |        |                        |   |
| TITLE  |  |                  |  |        |                        |   |
| NAME   |  |                  |  |        |                        |   |
| STREET ADDRESS   |  |                  |  |        |                        |   |
| CITY-ST-ZIP  |  |                  |  |        |                        |   |
| TITLE  |  |                  |  |        |                        | , |

11. I hereby certify that the information supplied with this liting 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes

**SIGNATURE:** SIGNATURE AND TYPED Q

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date