

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000011161

Entity Name: LRM VENTURES, LLC

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1014 PELICAN LANE  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

602 BARNES BLVD  
ROCKLEDGE, FL 32955 US

**Current Mailing Address:**

1014 PELICAN LANE  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

602 BARNES BLVD  
ROCKLEDGE, FL 32955 US

FEI Number: 20-8372687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WRIGHT, JAMES  
8035 SPYGLASS HILL ROAD  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORRISON, LISA M  
Address: 1014 PELICAN LANE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM  
Name: MORRISON, ROBBIE R  
Address: 1014 PELICAN LANE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM  
Name: THE WILLIS C. MORRISON & GLORIA J. MORRISO  
Address: 1014 PELICAN LANE  
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby 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: ROBBIE R MORRISON

CFO

02/28/2011

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