2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084053

Entity Name: LMS, ASSOC., LLC

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

200 MACFARLANE DRIVE

UNIT 502

DELRAY BEACH, FL 33483 US

Current Mailing Address: New Mailing Address:

200 MACFARLANE DRIVE UNIT 502

DELRAY BEACH, FL 33483 US

DELRAY BEACH, FL 33483 US

FEI Number: 26-0723307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MAYER, JOY 200 MACFARLANE DR APT 502N

DELRAY BEACH, FL 33483 US

MAZUR, SCHLOSSBERG, JOY 200 MACFARLANE DR APT. 502

DELRAY BEACH, FL 33483 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: JOY MAZUR SCHLOSSBERG 03/19/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGR () Delete

Name: MAZUR, JOY

Address: 200 MACFARLANE DRIVE, UNIT 502
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: () Delete

Name:

City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition

Name: MAZUR, SCHLOSSBE, JOY

Address: 200 MACFARLANE DRIVE, UNIT 502

City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGR. () Change (X) Addition

Name: SCHLOSSBERG, ALAN

Address: 200MACFARLANE DRIVE, APT.502 City-St-Zip: DELRAY BEACH, FL 33483 US

I hereby certify that the information supplied with this filing does not qualify 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: JOY MAZUR SCHLOSSBERG

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03/19/2009

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