2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116527

Entity Name: LM BUSINESS SOLNS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1745 WELLS ROAD 304 ORANGE PARK, FL 32073 CL	520 MILLHOUSE LANE ORANGE PARK, FL 32065 CL

Current Mailing Address:	**New Mailing Address:**
1745 WELLS ROAD 304 ORANGE PARK, FL 32073 CL	P O BOX 579 ORANGE PARK, FL 320670579 CL

FEI Number: 26-1231851   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:**
MAASSEN, LELAND R 1745 WELLS ROAD, APT 304 ORANGE PARK, FL 32073 US	MAASSEN, LELAND R 520 MILLHOUSE LANE ORANGE PARK, FL 32065 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: _____   01/15/2009
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	
Name:	MAASSEN, LELAND R	
Address:	1745 WELLS ROAD, APT 304	
City-St-Zip:	ORANGE PARK, FL 32073	

Title:	MGRM (X) Change ( ) Addition	
Name:	MAASSEN, LELAND R	
Address:	P O BOX 579	
City-St-Zip:	ORANGE PARK, FL 320670579 CL	

Title:	MGRM ( ) Delete	
Name:	VANMIDDLESWORTH, MARTA S	
Address:	6820 BOGATA DR NORTH	
City-St-Zip:	JACKSONVILLE, FL 32210 DU	

Title:	( ) Change ( ) Addition	
Name:		
Address:		
City-St-Zip:		

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: LELAND R. MAASSEN   MGRM   01/15/2009
                    Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date