

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123418

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** LMC PALMER CROSSING, LLC

**Current Principal Place of Business:**

21299 US HWY 27  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3737  
LAKE WALES, FL 33859

**New Mailing Address:**

P. O. BOX 3737  
LAKE WALES, FL 33859

**FEI Number:** 59-1004757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, DAVID  
21299 US HWY 27  
LAKE WALES, FL 338596851 US

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

MILLER, DAVID  
21299 US HWY 27  
LAKE WALES, FL 33859 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:

01/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LATT MAXCY CORPORATI, ON  
Address: 21299 US HWY 27  
City-St-Zip: LAKE WALES, FL 33859

**ADDITIONS/CHANGES:**

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: F. HOOD CRADDOCK

P

01/21/2009

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