

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90035 029 ****55.00

DOCUMENT # **L99000001226**

1. Entity Name

LMS PROPERTIES, L.L.C.



DO NOT WRITE IN THIS SPACE

20023519

2. Principal Place of Business

214 PRESTWICK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

214 PRESTWICK DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW SMYRNA BEACH, FL

City & State

NEW SMYRNA BEACH, FL

4. FEI Number

59-3561752

Applied For

Not Applicable

Zip

32168

Country

USA

Zip

32168

Country

USA

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PALMETTO CHARTER SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

150 MAGNOLIA AVENUE

City

DAYTONA BEACH

FL

Zip Code

32115-2491

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 title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to: Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LINDA M. SIENICKI REVOLABLE TRUST
214 PRESTWICK DRIVE OF 1998
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Linda M. Sienicki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-3-03

Date

386-428-1895

Daytime Phone #

LINDA M. SIENICKI

CR2E083B (12/02)