2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

ANNUAL REPORT (AR)						, FILED				
DOCUMENT # L9900007843 1. Entity Name					S	Feb 14, 2004 08:00 AM Secretary of State				
LMC HOLDING, L.L.C.						Seci	etary of	l Sta	ite	
Principal Place of Business Mailing Address				l	7					
2108 MICHIGAN AVENUE KISSIMMEE FL 34744 US		2108 MICHIGAN AVENUE KISSIMMEE FL 34744 US			1911811 818 18118 18111 BVIII BVIII			ETTER FILE FRENT		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E083 (1	,	· ·		
City & State		City & State			4. FEI Numb	59-360999		No	plied For t Applicable	
Zιρ	Country			try		5. Certificate of Status Desired See Required.				
6. Name and Address of Current Registered Agent				Name	7. Name an	d Address of New F	tegistered Agen	it		
LAMARCHE, CARLOS J 202 BAY MEADOW DR KISSIMMEE FL 34746				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code)	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or regist	ered agent, or b	oth, in the State of Flo	orida. I am famili	iar with, i	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	. Registero	d Agent signature requi	red when reinstating)	<u> </u>	DATE			
FILE NOW!!! FEE IS \$50.00										
		Make Check Payable		orida Departm ay 1, 2004	ent of State					
9.	MANAGING MEMBE	. 1	10.	1y 1, 200, T	<u>* ,* </u>	ADDITIONS	TOURNICEO		-	
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NAME	2 5000		NAMI	l l		Un0000051341				
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	KISSIMMEE FL 34746		╂—	-ST-ZIP			<u></u>			
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name Street address			NAME	ET ADDRESS						
CITY-ST-ZIP			CITY-	- ST-ZIP						
11. I hereby of indicated limited lia	certify that the information supplied with I on this report is true and accurate and ibility company or the receiver or trustee	this filing does not qualify for that my eignature shall have the impowered to execute this r	the exer he same eport as	nption stated in to elegal effect as if required by Cha	Section 119.07(3) made under oat apter 608, Florida)(i), Florida Statutes, h; that I am a manaç i Statutes.	I further certify the ging member or the ging member or ging me	nat the in manager	formation r of the	

407-460-5916

Daytime Phone #

02-11-2094