2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008470

Entity Name: LST, LIMITED COMPANY

() Delete

88181 OLD HIGHWAY, UNIT C44

STAFFORD, THOMAS P

ISLAMORADA, FL

MGRM

Title:

Name:

Address:

City-St-Zip:

FILED Mar 24, 2005 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
87851 OLD HIGHWAY APT. K-31 ISLAMORADA, FL 33036			87851 OLD HIGHWAY UNIT M-3 ISLAMORADA, FL 33036		
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
87851 OLD HIGHWAY APT. K-31 ISLAMORADA, FL 33036			87851 OLD HIGHWAY UNIT M-3 ISLAMORADA, FL 33036		
FEI Number:	: 65-0968028	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:		
201 ALHAI SUITE 601 CORAL G The above	ABLES, FL 33 named entity	134 US	ourpose of changing its regi	stered office or registered agent, or bot	
in the State	e of Florida.				
SIGNATU					
Electronic Signature of Registered Age			ent Date		
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () LODGE, ROBE 15400 NW 34T MIAMI, FL 330	H AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () MCLEOD, ALLA 1309 SOUNDVI GULF BREEZE	EW TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () IVORY INTERN 15400 NW 34T MIAMI, FL 330	H AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: ROBERT J LODGE MGR 03/24/2005