		May 1, 1999 o .00 LATE FE		d Liability C	om	pany will be					
LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State Division of Corporations							FILES 99 MAR - I AM II: 55				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee								SECRETA SEE FLORIDA			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9400000091								TALLAMASSEE, FLORIDA			
L. M. PROPERTY, L.L.C. 135 INTERNATIONAL PWY. HEATHROW FL 32746							1a. Principal Place of Business Address 135 INTERNATIONAL PWY. HEATHROW FL 32746				
2 Principal Place of Business 2a. Mai				ailing Address			3. Date Organiz	ed or Qualified	3a. State o	of Formation	
Suite, Apt. #, etc.			Suite Ar	Suite, Apt. #, etc.			09/13/1				
							4. FEI Number			Applied For	
City & State			City & St	City & State			58-2119		[Not Applicable	
Zip Country			Zip	Zip Country			5. Date of Last I		l	e of Status Desired	
7. Name and Address of Current Re			nt Registered	d Agent	\neg	6. 1	03/18/1	of New Registered Agent/Office			
THOMAS, THOMAS B 6120 PICKWICK RD. TALLAHASSEE FL 32308						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code					
Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named lim							FL				
its register	red office or register	s of Sections 608.410 red agent, or both, in tentions.									
SIGNATURE (Registered Agent Accepting Apple throng (HDIL Registered Agent sage after responsible to record may								JATE _			
10. Title				Business Street Address				City, State and Zip Code			
MGMR	SCOTT,	COCHRAN A	SR.	314 S. BROAD ST.				THOMASVILLE GA			
MGMR	SCOTT,	COCHRAN A	JR.	314 S. BROAD ST.				THOMASVILLE FL			
MGMR	THOMAS,	ROBERT	III	314 S. BROAD ST.				THOMASVILLE GA			
							80	03/0 -03/0 ****	794 4/990 188.75	108	
•								TAN	MAR - 3	19994	
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it 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, and that my name appears in Block 10, or on an attachment with an address.											
SIGNATURE: SQUATURE AND TYPE OF HOME AND TYPE OF TY											