2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M94000000091

1. Entity Name
L. M. PROPERTY, L.L.C.

Principal Place of Business	Mailing Address
135 INTERNATIONAL PWY. HEATHROW, FL 32746	135 INTERNATIONAL PWY. HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE

06302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
58-2119381

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, THOMAS B
6120 PICKWICK RD.
TALLAHASSEE, FL 32308

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGMR
NAME	SCOTT, COCHRAN A SR.
STREET ADDRESS	314 S. BROAD ST.
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	MGMR
NAME	SCOTT, COCHRAN A JR.
STREET ADDRESS	314 S. BROAD ST.
CITY-ST-ZIP	THOMASVILLE, FL 31792
TITLE	MGMR
NAME	THOMAS, ROBERT III
STREET ADDRESS	314 S. BROAD ST.
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/12/04-80006-010 50.00

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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: _____ 7/8/04 229-225-9065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #