


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90059 050 \*\*\*158.75

<b>DOCUMENT # P02000086793</b>	
1. Entity Name <b>L.N.M. MANAGEMENT, INC.</b>	

Principal Place of Business <b>18 RIVERVIEW ROAD HOBE SOUND FL 33455</b>	Mailing Address <b>18 RIVERVIEW ROAD HOBE SOUND FL 33455</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>410 Huntington</i> <b>3801 PGA Blvd, Ste 900</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Palm Beach Gardens, FL</b>
City & State	City & State <b>33410</b>
Zip	Country <b>PB</b>



1st MOORE CR2E034 (10/06)

4. FEI Number <b>06-1654765</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MADEIRA, LEWIS N 18 RIVERVIEW ROAD HOBE SOUND FL 33455</b>	7. Name and Address of New Registered Agent Name <b>KATHY S. HOFFMAN, SVP</b> <b>HUNTINGTON NATIONAL BANK</b> Street Address (P.O. Box Number is Not Acceptable) <b>3801 PGA Blvd, Ste 900</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33410</b>
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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 *Kathy S. Hoffman* DATE **4/25/07**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MADEIRA, LEWIS N</b> <b>18 RIVERVIEW ROAD</b> <b>HOBE SOUND FL 33455</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>HARRY MADEIRA, JR.</b> <b>1143 EDGEWOOD AVE.</b> <b>BRIDGE, PA 19312</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MADEIRA, JOAN H</b> <b>18 RIVERVIEW ROAD</b> <b>HOBE SOUND FL 33455</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>NEAL W. KNIGHT, JR.</b> <b>4211 WASHINGTON ROAD</b> <b>WEST PALM BEACH, FL 33405</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>KATHY S. HOFFMAN</b> <b>410 HUNTINGTON NATL BANK</b> <b>3801 PGA Blvd, STE 900</b> <b>PALM BEACH GARDENS, FL 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathy S. Hoffman, SVP* DATE **4/25/07** (561) 622-0384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #