

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000074946		
1. Entity Name LMN, INC.		
Principal Place of Business 800 N HIGHLAND AVE SUITE 200 ORLANDO, FL 32803 US	Mailing Address 800 N HIGHLAND AVE SUITE 200 ORLANDO, FL 32803 US	
DO NOT WRITE IN THIS SPACE		03152008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3211233 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILLIAMS, WARREN E 800 N HIGHLAND AVE ORLANDO, FL 32803		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000496608 04/22/06-80019-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIRA, LEE D 800 N HIGHLAND AVE, STE 200 ORLANDO, FL 32803	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  _____ Lee D Chira		3-20-06 407-202-7217 Date Daytime Phone #