


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90097 001 \*\*\*100.00

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L03000030259</b>					
1. Entity Name <b>LB REMODEL, LLC</b>					
Principal Place of Business <b>578 CRYSTAL DRIVE MADEIRA BEACH, FL 33708 US</b>			Mailing Address <b>578 CRYSTAL DRIVE MADEIRA BEACH, FL 33708 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>80-0287508</b>	
6. Name and Address of Current Registered Agent <b>THE HEINEMANN LAW FIRM PLLC 750 S. FEDERAL HIGHWAY SUITE 312 STUART, FL 34994</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUNZ, JERRY		NAME		
STREET ADDRESS	578 CRYSTAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH, FL 33708		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUNZ, LINDA		NAME		
STREET ADDRESS	578 CRYSTAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH, FL 33708		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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 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 <i>Linda Brunz</i>			Date <b>4/28/06</b> Daytime Phone <b>727-397-1276</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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