2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# L04000069395

Entity Name: LB CAPITAL SOLUTIONS, LLC

Current Principal Place of Business:

20155 NE 38TH COURT, UNIT 1103
AVENTURA, FL 33180

New Principal Place of Business:

20155 NE 38TH COURT,
1103
AVENTURA, FL 33180

Current Mailing Address:

20155 NE 38TH COURT, UNIT 1103
AVENTURA, FL 33180

New Mailing Address:

20155 NE 38TH COURT, UNIT
1103
AVENTURA, FL 33180

FEI Number: 20-1854144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, BRUCE
20155 NE 38TH COURT, UNIT 1103
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

PERRY, BRUCE
20155 NE 38TH COURT
1103
AVENTURA, FL 33180 US

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.

SIGNATURE: BRUCE M. PERRY 02/14/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: PERRY, BRUCE
Address: 20155 NE 38TH COURT, UNIT 1103
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete
Name: PERRY, LOUISE
Address: 20155 NE 38TH COURT, UNIT 1103
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRUCE M. PERRY MGR 02/14/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date