

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000096564</b> 1. Entity Name <b>MID-FLORIDA LBB, LLC</b>	
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Principal Place of Business <b>1061 MEWDICAL CENTER DRIBE STE 110 ORANGE CITY FL 32763</b>	Mailing Address <b>1061 MEWDICAL CENTER DRIBE STE 110 ORANGE CITY FL 32763</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	1st MOORE	CR2E083 (10/06)
Suite, Apt #, etc.	Suite, Apt #, etc.	4. FEI Number <b>20-3539023</b>	
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  <b>SHARMA, NERRAJ M.D.</b> <b>1061 MEDICAL CTR DR STE 110</b> <b>ORANGE CITY FL 32763</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	M <input type="checkbox"/> Delete		TITLE	U00000723626 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTEGA, GREGORY L		NAME	05/02/07-80079-016 50.00	
STREET ADDRESS	803 WESTOVE PLACE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		CITY-ST-ZIP		
TITLE	M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABEZA, RENE		NAME		
STREET ADDRESS	719 TREELINE PLACE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		CITY-ST-ZIP		
TITLE	M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARMA, NEERAJ		NAME		
STREET ADDRESS	1848 REDWOOD GROVE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		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 Section 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:**  **04-20-2007** **386-774-1223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #