

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2005  
Secretary of State**

DOCUMENT# P01000019871

Entity Name: LBVFS PHASE II, INC.

**Current Principal Place of Business:**

1725 UNIVERISTY DRIVE  
SUITE 450  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

1725 UNIVERISTY DRIVE  
SUITE 450  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 65-1080805      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHERRIN, JEFFREY  
1725 UNIVERISTY DRIVE  
SUITE 450  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SUTTON, SAMUEL R  
Address: 1725 UNIVERISTY DRIVE SUITE 450  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD ( ) Delete  
Name: SUTTON, ROBERT  
Address: 1725 UNIVERISTY DRIVE SUITE 450  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: STD ( ) Delete  
Name: SHERRIN, JEFFREY  
Address: 1725 UNIVERISTY DRIVE SUITE 450  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: VORSTMAN, BERT  
Address: 1725 UNIVERISTY DRIVE SUITE 450  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: KRYSTOFF, JERROLD  
Address: 1725 UNIVERISTY DRIVE SUITE 450  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL SUTTON

PD

04/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date