

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019871

Entity Name: LBFVS PHASE II, INC.

FILED  
Apr 19, 2011  
Secretary of State

**Current Principal Place of Business:**

1725 UNIVERISTY DRIVE  
SUITE 420  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

1725 UNIVERISTY DRIVE  
SUITE 420  
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:**

SUTTON, SAMUEL R PRES  
1725 UNIVERISTY DRIVE  
SUITE 420  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SUTTON, SAMUEL R  
Address: 1725 UNIVERISTY DRIVE SUITE 420  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD  
Name: SUTTON, ROBERT  
Address: 1725 UNIVERISTY DRIVE SUITE 420  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: STD  
Name: SHERRIN, JEFFREY  
Address: 1725 UNIVERISTY DRIVE SUITE 420  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D  
Name: VORSTMAN, BERT  
Address: 1725 UNIVERSITY DRIVE SUITE 420  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D  
Name: KRYSTOFF, JERROLD  
Address: 1725 UNIVERISTY DRIVE SUITE 420  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL SUTTON

PRES

04/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date