2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #840396

1. Entity Name

LLOYDS TSB BANK PLC

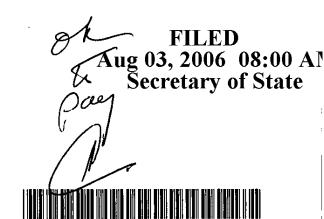


Principal Place of Business

25 GRESHAM STREET LONDON EC2V 7HN,

Mailing Address

2 S. BISCAYNE BLVD. SUITE 3200 MIAMI, FL 33131



07072006

No Chg-P

CR2E034 (11/05)

4. FEI Number 13-3321516

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTIMA, CARLOS ONE BISCAYNE TOWER SUITE 3200 MIAMI, FL 33131

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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.

__U00000573272_

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

Due by September 6, 2006

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DEN BERGH, MAARTEN 25 GRESHAM STREET LONDON, ec2v 7hn					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITCHARD, DAVID 25 GRESHAM STREET LONDON, ec2v 7 hn					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO DANIELS, ERIC 25 GRESHAM STREET LONDON, ec2v 7hn					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO WEIR, HELEN 25 GRESHAM STREET LONDON EC2V 7HN,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTIMA, CARLOS ONE BISCAYNE TOWER, SUITE 3200 MIAMI, FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MCKENDRY, KEVIN P ESQ. 1251 AVE OF THE AMERICAS (39TH FLOOR) NEW YORK, NY 10020					
12. I hereby certify that the information supplied with this filing does not qualify for the exe						

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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/06

Daytime Phone #