

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000000324

1. Entity Name
LBK CAPITAL, LLLP



Principal Place of Business
**100 SANDS POINT RD, UNIT 215
 LONGBOAT KEY, FL 34228**

Mailing Address
**100 SANDS POINT RD, UNIT 215
 LONGBOAT KEY, FL 34228**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

04092006 Chg-LP CR2E003 (11/05)

4. FEI Number
20-0791882

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BENJAMIN, ROBERT W
 200 S ORANGE AVE
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000037456	STREET ADDRESS	
NAME	LBK CAPITAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	100 SANDS POINT RD, UNIT 215		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		
DOCUMENT #		STREET ADDRESS	U00000554762
NAME		CITY-ST-ZIP	05/16/06-80004-005-500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Anna Maria Newman* **4/26/05** **917 365 9073**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE