

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002959

1. Entity Name  
LB INVESTMENTS UNLIMITED, L.L.C.

FILED

01 FEB 28 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
515 NORTH FLAGLER DRIVE #19TH FLOOR  
C/O EDWIN C. LUNSFORD III  
WEST PALM BEACH FL 33401

Mailing Address  
515 NORTH FLAGLER DRIVE #19TH FLOOR  
C/O EDWIN C. LUNSFORD III  
WEST PALM BEACH FL 33401



2. Principal Place of Business  
113 BOWSPRIT DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
113 BOWSPRIT DRIVE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
NORTH PALM BEACH, FL

City & State  
NORTH PALM BEACH, FL

4. FEI Number  
65-0993671

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip  
33408

Country  
USA

Zip  
33408

Country  
USA

6. Name and Address of Current Registered Agent  
LUNSFORD, EDWIN C III  
515 NORTH FLAGLER DRIVE #19TH FLOOR  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent  
Name  
Edwin C. Lunsford, III  
Street Address (P.O. Box Number is Not Acceptable)  
113 BOWSPRIT DRIVE  
City  
NORTH PALM BEACH FL Zip Code  
33408

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.

SIGNATURE DATE  
2/26/01

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

200003802112--5  
-03/06/01--01059--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Edwin C. Lunsford, III 113 BOWSPRIT DRIVE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Jeffrey William Lunsford 4275 Lakehaven Drive Atlanta, Ga. 30319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DATE  
2/26/01 (561)3469860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

0013237 AF

CR2E083 (11/00)