

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012949

FILED
Jan 04, 2007
Secretary of State

Entity Name: CONDO-LBS, LLC

Current Principal Place of Business:

% LINDA B. SPENCER, PH.D.
32850 LAKESHORE DR.
TAVARES, FL 327785031

New Principal Place of Business:

Current Mailing Address:

% LINDA B. SPENCER, PH.D.
32850 LAKESHORE DR.
TAVARES, FL 327785031

New Mailing Address:

FEI Number: 60-0000331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, LINDA B
32850 LAKESHORE DR
TAVARES, FL 327785034 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPENCER, LINDA B
Address: 32850 LAKESHORE DR.
City-St-Zip: TAVARES, FL 327785034

Title: MGR () Delete
Name: QUAIL, LORENE
Address: 700 NORTH BELFAST PL
City-St-Zip: CHULUSTA, FL 32766

ADDITIONS/CHANGES:

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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA SPENCER

DR

01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date