

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012949

FILED  
Apr 15, 2009  
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:**

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

**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 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      MGR      04/15/2009

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