

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004723

Entity Name: L & B PROPERTIES, L.L.C.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

1344 CLASSIC COURT
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2023 APEX COURT
APOPKA, FL 32703

New Mailing Address:

FEI Number: 04-3614310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LUECK, ERIC C
1344 CLASSIC COURT
LONGWOOD, FL 32779 US

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: MGRM () Delete
Name: LUECK, ERIC
Address: 1344 CLASSIC COURT
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: BERGERON, REGGIE
Address: 230 KNOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: LUECK, CARL
Address: 1700 LAKE OLA
City-St-Zip: MOUNT DORA, FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERIC LUECK

MGR

05/01/2006

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