


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000022019 1. Entity Name LBJ DEVELOPMENT, LLC	
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Principal Place of Business 3801 EAST SR 46 SANFORD, FL 32771	Mailing Address 3801 EAST SR 46 SANFORD, FL 32771
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01172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3625067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLIS, LEONARD 3801 EAST STATE ROAD 46 SANFORD, FL 32771
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**DO NOT WRITE
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLIS, LEONARD 3801 EAST SR 46 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALDWELL, ROBERT H JR 3801 E. SR 46 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TACKETT, JACQUELINE P 3801 E. SR 46 SANFORD, FL 32771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/15/06-000039-016 \$0.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 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: Jacqueline P. Tackett 02/23/06 407/323-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #