2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Apr 26, 2004 08:00 AM Secretary of State

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1. Entity Name LBR HOLDINGS II, LLC



Principal Place of Business

1401 COURT STREET CLEARWATER, FL 33756 Mailing Address

1401 COURT STREET CLEARWATER, FL 33756



04082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 37-1444255

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

KINDT, MICHAEL D CPA 1401 COURT STREET CLEARWATER, FL 33756

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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.

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, 2004

<u> 26/04-80041-023 50 00</u>

Due by May 1, 2004						
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGRM					
NAME	LEWIS, MICHAEL E					
STREET ADDRESS	1401 COURT ST					
CITY ST-ZIP	CLEARWATER, FL 33756					
TITLE NAME STREET ADDRESS CITY+ST+ZIP	MGRM BIRCH, DOUGLAS R 1401 COURT ST CLEARWATER, FL 33756					
TITLE	MGRM					
NAME	RICARDO, RONALD M					
STREET ADDRESS	1401 COURT ST					
CITY-ST-ZIP	CLEARWATER, FL 33756					
TITLE	MGRM					
NAME	GILMAN, CRAIG A					
STREET ADDRESS	1401 COURT ST					
CITY - ST - ZIP	CLEARWATER, FL 33756					
TITLE	MGRM					
NAME	KINDT, MICHAEL D					
STREET ADDRESS	1401 COURT ST					
CITY-ST-ZIP	CLEARWATER, FL 33756					
NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, KATHLEEN M 1401 COURT ST CLEARWATER, FL 33756					

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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 trasfee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Daytime Phone #