

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 28, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000022590**

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**

**DO NOT WRITE IN THIS SPACE**



03182005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**37-1444255**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LEWIS, MICHAEL E  
1401 COURT ST  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BIRCH, DOUGLAS R  
1401 COURT ST  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RICARDO, RONALD M  
1401 COURT ST  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GILMAN, CRAIG A  
1401 COURT ST  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KINDT, MICHAEL D  
1401 COURT ST  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MILLS, KATHLEEN M  
1401 COURT ST  
CLEARWATER, FL 33756**

**DO NOT WRITE  
IN THIS SPACE**

03/28/05-80051-019 50.00

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 trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

*Douglas R Birch*

**727-446-3058**