2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

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

FILED Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90040 027 ****50.00



04102006 No Chg-LLC

CR2E083 (11/05)

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

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8. The above named entity submits this statement for the purpose of changing its registered of	fice 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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LEWIS, MICHAEL E
STREET ADDRESS	1401 COURT ST
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	MGRM
NAME	BIRCH, DOUGLAS R
STREET ADDRESS	1401 COURT ST
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	MGRM
NAME	RICARDO, RONALD M
STREET ADORESS	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
TITLE	MGRM
NAME	MILLS, KATHLEEN M
STREET ADDRESS	1401 COURT ST
CITY-ST-ZIP	CLEARWATER, FL 33756
11. I hereby	certify that the information supplied with this filing does not qualify for the ex

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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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael O. Kindt SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 4/10/06

727-446<u>-3058</u>