2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000022590

1. Entity Name

LBR HOLDINGS II, LLC



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90058 007 ****50.00

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401 COURT S		Mailing Address 1401 COURT STREET	1401 COURT STREET		20022629		
CLEARWATER	FL 33756	CLEARWATER FL 33756				1418 11818 11884 84118 1841 8844 1884	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		### Applied For		
Zip	Country	Zip	Country		eate of Status Desired	\$5.00 A-H-1	
	6. Name and Address of Cu	rrent Registered Agent		7. Name	and Address of New Registe	red Agent	
KINI	DT, MICHAEL D CPA		Name	Name			
140	1 COURT STREET ARWATER FL 33756		Street A	Street Address (P.O. Box Number is Not Acceptable)			
		·	City			FL Zip Code	
The above	named entity submits this statem	ent for the nurrose of changing it	s registered office or	registered agent or		· —	
the obligat	tions of registered agent.	ent for the purpose of changing it	a registered office of	registered agent, or	both, in the State of Florida. 1	апталіваї мін, апо ассері	
SIGNATURE .							
	Signature, typed or printed name of registered	d agent and title if applicable. (NO	TE: Registered Agent signatu	ure required when reinstating	D.	ATE	
			OW!!! FEE IS \$				
		Make Check Payat	ole to Florida Dep ie By May 1, 2000			-	
MANAGING MEMBERS/MANAGERS			10.		ADDITIONS/CHAN	GES	
ITLE	MGRM	☐ Delete	TITLE	MGRM		☐ Change Addition	
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TLE		☐ Delete	TITLE	MGRM		☐ Change	
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TY-ST-ZIP					1, FL 33756		
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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 608, Florida Statutes.

SIGNATURE:

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

RECHICITED. KIND

1.25.03

727-446.3058

Daytime Phone #