FILED Feb 03, 2004 8:00 am Secretary of State

ANNUAL REPORT	M

DOCUMENT # L02000024562 1. Entity Name LMBR HOLDINGS, LLC					02-03-2004 90049 022 ****55.00			
Principal Place of Business 714 MANATEE AVENUE EAST BRADENTON, FL 34208		Mailing Address 714 MANATEE AVENUE EAST BRADENTON, FL 34208					PS) al IPSI	
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State			1. FEI Number Applied For 55-0800924 Not Applicable			
Zip	Country	Zip	Country	<u> </u>	of Status Desired	\$5.00 Add Fee Required		
BRADENTON, FL 34205 714 Ma					7. Name and Address of New Registered Agent s (P.O. Box Number is Not Acceptable) anatee Avenue East nton FL 3ip Code 8 3			
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 DA								
Filing Fee is \$50.00 Due by May 1, 2004						e check payable to Department of State	3	
9.	MANAGING MEMBE		10.		ADDITIONS/		<u></u>	
TITLE NAME	MGRM WILLIAMS, JR., LLOYD E	☐ Delete	TITLE NAME	same		X Xhange	Addition	
STREET ADDRESS CITY-ST-ZIP	814 6 AVE WEST BRADENTON, FL 34205		STREET ADDRESS CITY-ST-ZIP		HIllcrest Drive denton, FL 34209			
TITLE	MGRM	☐ Delete	TITLE	same	-	KIX hange	☐ Addition	
NAME Street Address City-St-Zip	WILLIAMS, BRITTONE H 814 6 AVE WEST BRADENTON, FL 34205		NAME STREET ADDRESS CITY-ST-ZIP	same 113 30th	me 3 30th Street West adenton, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dradenco.		Change	Addition .	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			, □ Change	Addition	
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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: Britton H. Williams, Mgr / Member 1/31/04 (941)748-8834 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylore Phone *								