

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033758

FILED
Jul 21, 2004
Secretary of State

Entity Name: L & B VENTURES LLC

Current Principal Place of Business:

293 MEADOW BEAUTY TERRACE
SANFORD, FL 32771

New Principal Place of Business:

495 FAWN HILL PLACE
LAKE FOREST, FL 32771

Current Mailing Address:

293 MEADOW BEAUTY TERRACE
SANFORD, FL 32771

New Mailing Address:

495 FAWN HILL PLACE
LAKE FOREST, FL 32771

FEI Number: 13-4227299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVE. SUITE 201
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

SHEPHARD, MCCABE AND COOLEY
STATE ROAD 434
LONGWOOD, FL 32750 US

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.

SIGNATURE: JAMES SHEPHARD

07/21/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: LUPURI, SUZANNE
Address: 293 MEADOW BEAUTY TERRACE
City-St-Zip: SANFORD, FL 32771

Title: V () Delete
Name: BOWLES, MARYANNE
Address: 495 FAIR HILL PLACE
City-St-Zip: LAKE FOREST, FL 32771

Title: MGR () Delete
Name: BOWLES, ROBERT
Address: 495 FAIR HILL PLACE
City-St-Zip: LAKE FORST, FL 32771

Title: MGR (X) Delete
Name: FOX, HEATHER
Address: 495 FAIR HILL PLACE
City-St-Zip: LAKE FORST, FL 32771

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUPURI, SUZANNE
Address: 2024 COURTYARD LOOP #104
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change () Addition
Name: BOWLES, MARYANNE
Address: 495 FAIR HILL PLACE
City-St-Zip: LAKE FOREST, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SUZANNE M. LUPORI

MGRM

07/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date