

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033758

FILED
Jan 06, 2005
Secretary of State

Entity Name: L & B VENTURES LLC

Current Principal Place of Business:

495 FAWN HILL PLACE
LAKE FOREST, FL 32771

New Principal Place of Business:

Current Mailing Address:

495 FAWN HILL PLACE
LAKE FOREST, FL 32771

New Mailing Address:

FEI Number: 13-4227299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

Title: MGRM () 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

ADDITIONS/CHANGES:

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

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: ROBERT BOWLES

MGR

01/06/2005

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