

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90164 017 \*\*\*138.75

**DOCUMENT # L03000002433**

1. Entity Name  
**L AND B GROUP, L.L.C.**



Principal Place of Business  
**13404 SW 104TH LN  
 DUNNELLON, FL 34432**

Mailing Address  
**PO BOX 47512  
 SAINT PETERSBURG, FL 33743**

00003004



2. Principal Place of Business - No P.O. Box #  
**2898 66th St N**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

Zip  
**33710**

Country  
**USA**

03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**11-3674477**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOTT, LAWRENCE M  
 13404 S W 104 LANE  
 DUNNELLON, FL 34432**

7. Name and Address of New Registered Agent

Name  
**Lott, Lawrence M**

Street Address (P.O. Box Number is Not Acceptable)  
**2898 66th St N**

City  
**St. Petersburg**

FL Zip Code  
**33710**

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 *Lawrence M. Lott* (NOTE: Registered Agent signature required when reinstating) DATE **4-8-08**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOTT, LAWRENCE M 13404 S W 104 LANE DUNNELLON, FL 34432</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOTT, LAWRENCE M 2898 - 66th ST. N. St. Petersburg, FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Lawrence M. Lott* DATE **4-8-08**