2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Feb 25, 2008 08:00 AM Secretary of State DOCUMENT # L03000013061 1. Entity Name L AND B, LLC Principal Place of Business Mailing Address 4800 NORTH 31ST COURT 4800 NORTH 31ST COURT HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 59-2724502 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILDERMAN, LARRY Street Andress (P.O. Box Number is Not Acceptable) 4800 NORTH 31ST COURT **HOLLYWOOD FL 33021** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida, if am familiar with, and accept the obligations of registered agent. Signature, typed or or medinama of registered agent and title if applicable (NOTE: Registered Agent's a laters required when reinstating) 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 ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change Addition | NAME GILDERMAN, LARRY NAME STREET ADDRESS 1205 NORTH BISCAYNE POINT RD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZP TITLE Delete TITLE Change Addition NAME U000000837651 NAME 03/04/08-80065-009 150.00 STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZP THE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ALIDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-Z:P

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

2/20/00

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FILED