


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000031926</b> 1. Entity Name <b>LB INVESTMENTS, LLC</b>	
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Principal Place of Business <b>23 LIMPIN COURT CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>23 LIMPIN COURT CRAWFORDVILLE, FL 32327</b>
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04192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0186591</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LENTZ, JOHN W VII 23 LIMPIN COURT CRAWFORDVILLE, FL 32327</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 (if applicable, (NOTE: Registered Agent signature required when renewing)) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LENTZ, JOHN W 28 LIMPIN COURT CRAWFORDVILLE, FL 32327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARWICK, G PARRISH 311 SHADEVILLE ROAD CRAWFORDVILLE, FL 32327</b>
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<p>U000000319414 04/20/05-80098-004 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4-10-05**

Date

Daytime Phone #