


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90031 002 ****50.00

DOCUMENT # L03000031926 1. Entity Name LB INVESTMENTS, LLC	
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Principal Place of Business 23 LIMPkin COURT CRAWFORDVILLE, FL 32327	Mailing Address 23 LIMPkin COURT CRAWFORDVILLE, FL 32327
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20042043



DO NOT WRITE IN THIS SPACE

04252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0186591	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LENTZ, JOHN W VII 23 LIMPkin COURT CRAWFORDVILLE, FL 32327

**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$56.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENTZ, JOHN W 28 LIMPkin COURT CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARWICK, G PARRISH 311 SHADEVILLE ROAD CRAWFORDVILLE, FL 32327
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**DO NOT WRITE
IN THIS SPACE**

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: 

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

Date

Daytime Phone #