



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000031926 1. Entity Name LB INVESTMENTS, LLC	
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Principal Place of Business 23 LIMPIN COURT CRAWFORDVILLE, FL 32327	Mailing Address 23 LIMPIN COURT CRAWFORDVILLE, FL 32327
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DO NOT WRITE IN THIS SPACE


01132008No Chg-LLC CR2E083 (12/07)
4. FEI Number **20-0186591** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent
**LENTZ, JOHN W VII
23 LIMPIN COURT
CRAWFORDVILLE, FL 32327**

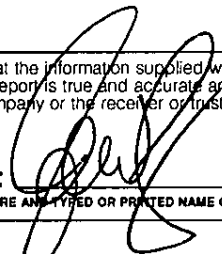
**DO NOT WRITE
IN THIS SPACE**

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)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75
U00000791578
01/23/08-80081-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENTZ, JOHN W 28 LIMPIN 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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
1-15-08 858-926-7920
Date Daytime Phone #