

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90024 038 ****50.00

DOCUMENT # L03000036740

1. Entity Name
LBB AUCTIONS L.L.C.



Principal Place of Business

**1000 NW 1ST AVE BAY 14
BOCA RATON, FL 33432**

Mailing Address

**901 SW 19TH ST
BOCA RATON, FL 33486**

2. Principal Place of Business

1000 NW 1ST AVE

3. Mailing Address

Suite, Apt. #, etc.

BAY 18

City & State

BOCA RATON, FL

City & State

Zip

33432

Country

Palm Beach

Zip

Country

04142005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0717930

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAFFNEY, KATHLEEN N
901 SW 19TH ST
BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DELAHUNTY, JOSEPH M**
STREET ADDRESS **901 SW 19TH ST**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **MGRM** ☐ Delete
NAME **DELAHUNTY, JENNIFER**
STREET ADDRESS **901 SW 19TH ST**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/05