


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90115 024 ****50.00

| | |
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| DOCUMENT # L03000036740 |  |
| 1. Entity Name LBB AUCTIONS L.L.C. | |

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|--|---|
| Principal Place of Business 1000 NW 1ST AVE BAY 18 BOCA RATON, FL 33432 US | Mailing Address 901 SW 19TH ST BOCA RATON, FL 33486 |
|--|---|

60033677



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|--|------------------------------|
| 2. Principal Place of Business - No P.O. Box # 901 SW 19th ST | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State BOCA RATON FL | City & State |
| Zip 33486 | Country Palm Beach |

04192007 Chg-LLC CR2E083 (12/06)

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|------------------------------------|-------------------------------|
| 4. FEI Number 20-0717930 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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| 8. Name and Address of Current Registered Agent GAFFNEY, KATHLEEN N 901 SW 19TH ST BOCA RATON, FL 33486 | |
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|--|--------------------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DELAHUNTY, JOSEPH M 901 SW 19TH ST BOCA RATON, FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DELAHUNTY, JENNIFER 901 SW 19TH ST BOCA RATON, FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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  **Joseph M. Delahunty 4-19-07 - 561-391-7937**