2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041876

1. Entity Name

LBK PROPERTIES, LLC



Principal Place of Business -

2202 N. WEST SHORE BLVD.

5TH FLOOR TAMPA, FL 33607 US Mailing Address

2202 N. WEST SHORE BLVD.

5TH FLOOR

TAMPA, FL 33607 US

FILED Apr 17, 2008 08:00 A Secretary of State



04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For	
20-0345679	 	Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KADOW, JOSEPH J 2202 N. WEST SHORE BLVD 5TH FL TAMPA, FL 33607 DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changi ions of registered agent		th, in the State of Florida. I am familiar	with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE		
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75		U00000903838 04/30/08-80062-001	138.75	
9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	MGR KADOW, JOSEPH J 2202 N. WEST SHORE BLVD. 5TH FL TAMPA, FL 33607			e e e e e e e e e e e e e e e e e e e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE	*	
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filling 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 hability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

Toseph J. Kadow

4-15-08

813-282-1225

Daytime Prione #