2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMB

May 02, 2008 8:00 am Secretary of State DOCUMENT # L04000006414 1. Entity Name 05-02-2008 90013 005 ***138.75 LDB, L.L.C. Principal Place of Business Mailing Address 241 S.W. 21ST TERRACE FORT LAUDERDALE FL 33312 241 S.W. 21ST TERRACE FORT LAUDERDALE FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 59-1203680 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINBERG, STEVEN A ESQ. C/O FRANK, WEINBERG & BLACK, P.A. 7805 S.W. 6TH COURT Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 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, typed or orffired name of registered agent and title if applicable. (NOTE: Registered Ayant signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete Title F Change Addition SPENCER, LEE NAME NAME STREET ADDRESS 241 S.W. 21ST TERRACE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE MGRM Deleté Title Change Addition NAME ROSEMAN, DAVID NAME STREET ADDRESS 241 S.W. 21ST TERRACE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP THIE Delete TITLE Change ☐ Addition HAME SPENCER, BRUCE NAME STREET ADDRESS STREET AUDRESS 241 S.W. 21ST TERRACE CITY-ST-ZIP CITY-ST-ZiP FORT LAUDERDALE FL 33321 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 report of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ER, OR AUTHORIZED REPRESENTATIVE

FILED