

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90032 005 \*\*\*\*50.00

**DOCUMENT # L04000034896**

1. Entity Name  
LBV MANAGEMENT, L.L.C.



Principal Place of Business Mailing Address

15629 APOPKA-VINELAND RD  
ORLANDO FL 32821 ← SAME

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1257933

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KENT NELSON  
6603 TAN GLEWOOD BAY DR #1211  
ORLANDO FL 32821

**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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/06

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SUTTON, ROBERT
STREET ADDRESS	8482 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	MGRM
NAME	SUTTON, SAMUEL
STREET ADDRESS	405 NORTH OCEAN BLVD., #1507
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

KENT NELSON

4/25/06

407-239-3690