2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000057054

1. Entity Name LCSB22, LLC



FILED Mar 15, 2007 08:00 AM **Secretary of State**

Applied For

Principal Place of Business

9095 S.W. 87 AVENUE, SUITE 777 MIAMI, FL 33176

Mailing Address

9095 S.W. 87 AVENUE, SUITE 777 MIAMI, FL 33176



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01082007 No Chg-LLC	CR2E083 (11/05)

4. FEI Number 20-1468934 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JAMES R 9095 S.W. 87 AVENUE, SUITE 777 MIAMI, FL 33176

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	ve named entity submits this statement for the purpose of cha ations of registered agent.	anging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATUR	Signature, typed or printed name of registered agent and bite if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, JAMES R 9095 S.W. 87 AVENUE, SUITE 777 MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000667545 03/26/07-80032-020 50.00

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I hereby certify that the information supplied with this filing does not quality 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: SIGNATURE AND ED OR PRINTED NAME OF SIGNI NG MANAGING MEMBER, OR AUTHORIZED REPRI

James R. Mitchell

3/14/07

305-270-0870