

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059261

Entity Name: L.N.B. DEVELOPMENT, LLC

FILED
Jul 11, 2006
Secretary of State

Current Principal Place of Business:

24 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

New Principal Place of Business:

219 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

24 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

New Mailing Address:

219 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937

FEI Number: 20-2679611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRODSKY, LAURA N
24 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

BRODSKY, LAURA N
219 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

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.

SIGNATURE:

07/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRODSKY, LAURA N
Address: 24 N. HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRODSKY, LAURA N
Address: 219 LANSING ISLAND DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA N BRODSKY

MGRM

07/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date