

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000091817</b> 1. Entity Name L&B ONE, LLC	
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Principal Place of Business P.O. BOX 915302 LONGWOOD, FL 32791	Mailing Address P.O. BOX 915302 LONGWOOD, FL 32791
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**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-LLC CR2E093 (11/05)

4. FEI Number 20-2266247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNETT, RANDOM R  
 501 N. GRANDVIEW AVENUE  
 DAYTONA BEACH, FL 32118

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and true if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLEY, JAMIE A P.O. BOX 915302 LONGWOOD, FL 327791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000547156  
 05/12/06-80013-001 50.00

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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 809, Florida Statutes.

**SIGNATURE:**  4/20/06 (346) 760-2535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #