


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90020 002 \*\*\*\*55.00

DOCUMENT # L05000010299		
1. Entity Name LBC DEVELOPERS, LLC		

Principal Place of Business 2102 STUBBRIDGE COURT WINTER SPRINGS, FL 32708	Mailing Address 2102 STUBBRIDGE COURT WINTER SPRINGS, FL 32708
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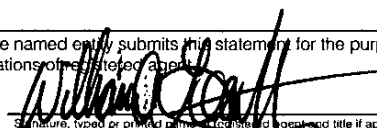
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01292006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2270165	Applied For Not Applicable
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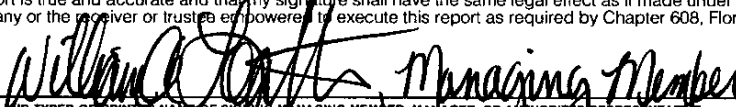
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEATHERS, WILLIAM 1100 OLD HIGHWAY 90 EAST, UNIT A-503 DESTIN, FL 32550		Name: William LEATHERS Street Address (P.O. Box Number is Not Acceptable) 2102 STUBBRIDGE CT City: WINTER SPRINGS FL Zip Code: 32708	

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 the registered agent.	
SIGNATURE: 	DATE: 1-28-06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member William A. LEATHERS 2102 STUBBRIDGE CT. WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Steven P. Chandler 1799 GROVEWAY DR. GERMANTOWN, TN 38139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Rick BEASLEY P.O. Box 3060 TUPELO, MS 38803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.	
SIGNATURE:  Managing Member	Date: 1-28-06 Daytime Phone #: 407-695-1110