

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025375

Entity Name: LSPB REAL ESTATE LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

3602 KYOTO GARDENS DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3602 KYOTO GARDENS DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-3978966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNARE, JAMES H II
660 U.S. HIGHWAY #1, THIRD FLOOR
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ROSENBLUM, PAUL MD
Address: 120 CLIPPER LANE
City-St-Zip: JUPITER, FL 33477

Title: VP () Delete
Name: WEINER, RICHARD MD
Address: 41 ST THOMAS DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete
Name: DAUBERT, JACK MD
Address: 796 HARBOUR ISLE PLACE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: VP () Delete
Name: HASS, GRIAN MD
Address: 216 RADNOR RD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP () Delete
Name: ROSEN, EVAN
Address: 18711 RIO VISTA DR
City-St-Zip: TEQUESTA, FL 33469

Title: VP () Delete
Name: ALVAREZ, RAY MD
Address: 5716 WHIRLARY RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: DATTOLO, ROBERT MD
Address: 11871 LEETH COURT
City-St-Zip: WEST PALM BEACH, FL 33412

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ACOSTA, ROBERTO MD
Address: 863 COUNTRY CLUB DR
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERTO ACOSTA, MD

P

04/25/2008

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