

FILED
Feb 10, 2006 8:00 am
Secretary of State


02-10-2006 90169 038 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60014037



01252006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000100322			
1. Entity Name LB 808 MIRAMAR LLC			
Principal Place of Business P.O. BOX 5094 FT. MYERS, FL 33932		Mailing Address P.O. BOX 5094 FT. MYERS, FL 33932	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4043543		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 LANGAS, DIMITRIOS J. 19204 COLLINS AVE SUITE 840 SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name Bolanos Truxton, P.A. Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive, Suite 350 City Fort Myers FL Zip Code 33907	
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 <u>Greg S Truff</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASB HOLDINGS, INC. <input checked="" type="checkbox"/> Delete P.O. BOX 5094 FT. MYERS, FL 33932	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Andrew W. Bethke <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 5094 Fort Myers, FL 33932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR William J. Bethke <input type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 5094 Fort Myers, FL 33932
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
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>1-27-06</u> Daytime Phone # _____	