

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102788

Entity Name: LFB-FSD, LLC

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

600 NORTH WESTSHORE BLVD.
SUITE 900
TAMPA, FL 33609

New Principal Place of Business:

3816 WEST LINEBAUGH AVE
SUITE 105
TAMPA, FL 33618 US

Current Mailing Address:

700 NW 107 AVENUE
SUITE 400
MIAMI, FL 33172

New Mailing Address:

700 NW 107 AVENUE
SUITE 245
MIAMI, FL 33172

FEI Number: 20-3647144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: MBR1 () Delete
Name: SEMINOLE/70TH, LLC,
Address: 700 NW 107TH AVENUE, SUITE 400
City-St-Zip: MIAMI, FL 33172

Title: MBR2 () Delete
Name: SEMINOLE APARTMENTS,, LLC
Address: 3816 WEST LINEBAUGH AVE, SUITE 105
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

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

Title: MBR2 (X) Change () Addition
Name: SEMINOLE APARTMENTS,, LLC
Address: 3816 WEST LINEBAUGH AVE, SUITE 105
City-St-Zip: TAMPA, FL 33618 US

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: MARK SUSTANA

VP/S

04/13/2007

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