

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

03-08-2006 90044 044 ****50.00

DOCUMENT # L05000108001 1. Entity Name CMB-LAKELAND, LLC.																																					
Principal Place of Business 360 CENTRAL AVENUE, 10TH FLOOR ST. PETERSBURG, FL 33701			Mailing Address 360 CENTRAL AVENUE, 10TH FLOOR ST. PETERSBURG, FL 33701																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																			
City & State		City & State																																			
Zip	Country	Zip	Country																																		
4. FEI Number 20-4652955			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required																																		
6. Name and Address of Current Registered Agent BRUBAKER, RICHARD M 360 CENTRAL AVENUE, 10TH FLOOR ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>BRUBAKER, RICHARD M</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>360 CENTRAL AVENUE, 10TH FLOOR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST. PETERSBURG, FL 33701</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	BRUBAKER, RICHARD M	<input type="checkbox"/>	STREET ADDRESS	360 CENTRAL AVENUE, 10TH FLOOR		CITY - ST - ZIP	ST. PETERSBURG, FL 33701		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY - ST - ZIP				
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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 608, Florida Statutes.			SIGNATURE: SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																		