

**FILED**  
**Aug 10, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90240 045 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L05000118107**  
 1. Entity Name  
**LBL PROPERTIES, LLC**



**30012596**

Principal Place of Business  
**2811 BAYPOINTE CIRCLE  
 TAMPA, FL 33611**

Mailing Address  
**2811 BAYPOINTE CIRCLE  
 TAMPA, FL 33611**

2. Principal Place of Business  
 State, Acl. #, etc.  
**SO2 N. ARMENIA AVE**

3. Mailing Address  
 State, Acl. #, etc.  
**SO2 N. ARMENIA AVE**



City & State  
**Tampa FL**

Zip  
**33609**

Country  
**USA**

4. FEI Number  
**N/A**

Accepted For  
 Non-Resident

5. Starting and Address of Current Registered Agent  
**RINES, JAMES P  
 315 SOUTH HYDE PARK AVENUE  
 TAMPA, FL 33608**

6. Certificate of Status Desired  
 \$5.00 Addendum Fee Required

7. Name and Address of New Registered Agent  
**KEITH W. KOEHLER CPA  
 STREET ADDRESS (If Different From Mailing Address)  
 KOEHLER & COMPANY  
 SO2 N. ARMENIA AVE  
 TAMPA FL 33609**

8. The above names apply to the purpose of changing an registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Date  
**7/7/06**

Filing Fee (See Sec. 800.06)  
 (Check Exp. Mar. 31, 2008)

State check payable to  
 Florida Department of State

MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MANAGER  
**LAMPA LUM  
 2811 BAYPOINTE CIR  
 TAMPA FL 33611**

9. I hereby certify that the information provided within this filing does not conflict with the information contained in Chapter 119, Florida Statutes. I understand that the information provided on this report is true, full and correct and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company or the receiver or trustee authorized to prepare this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

Date  
**4/26/06**