2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120461

Entity Name: LMB PARTNERS, LLC

Name:

Address:

City-St-Zip:

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2900 JIM REDMAN PARKWAY PLANT CITY, FL 33566 **Current Mailing Address: New Mailing Address:** 2900 JIM REDMAN PARKWAY PLANT CITY, FL 33566 FEI Number: 20-4008169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUDOCK, LESLIE WAGER MATHER, WILLIAM F 601 BAYSHORE BOULEVARD SUITE 700 2900 JIM REDMAN PARKWAY TAMPA, FL 33606 PLANT CITY, FL 33563 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: WILLIAM F. MATHER 04/21/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition MATHER, WILLIAM F PRES Name: Name: Address: Address: 16212 VILLARREAL DE AVILA

City-St-Zip: City-St-Zip: TAMPA, FL 33613 Title: Title: MGRM () Change (X) Addition () Delete Name: Name: BUTZIN, JEFFERY K VP Address: Address: 3184 HIGHLANDS BY THE LAKE WAY City-St-Zip: City-St-Zip: LAKELAND, FL 33813 Title: () Delete Title: MGR () Change (X) Addition LOTT, RICK A SEC/TRE Name: Name: 3200 POLO PLACE Address: Address: City-St-Zip: City-St-Zip: PLANT CITY, FL 33566 Title: () Delete Title: MGR () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

MATHER, KRISTIN D ASST SE 3539 HIGH HAMPTON CR

TAMPA, FL 33610

SIGNATURE: WILLIAM F. MATHER, PRES MGR 04/21/2006