

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002606

Entity Name: LBR HOLDINGS IV, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

13577 FEATHER SOUND DR., STE. 550
CLEARWATER, FL 33762

New Principal Place of Business:

1401 COURT STREET
CLEARWATER, FL 33756

Current Mailing Address:

13577 FEATHER SOUND DR., STE. 550
CLEARWATER, FL 33762

New Mailing Address:

1401 COURT STREET
CLEARWATER, FL 33756

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLLVER, KEVIN M ESQ.
13577 FEATHER SOUND DR., STE. 550
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

KINDT, MICHAEL D CPA
1401 COURT STREET
CLEARWATER, FL 33756 US

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: MICHAEL D KINDT, CPA

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLLVER, KEVIN M ESQ.
Address: 13577 FEATHER SOUND DR., STE. 550
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LBR HOLDINGS II, LLC,
Address: 1401 COURT STREET
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL E LEWIS, CPA

MGRM

05/01/2007

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