2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000020245

1. Entity Name
LBS.LLC

Principal Place of Business	Mailing Address
4105 W. CAYUGA STREET TAMPA, FL 33614 US	435 MIRABAY BOULEVARD APOLLO BEACH, FL 33572 US

DO NOT WRITE IN THIS SPACE

02222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
27-0138787
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TOWNSEND, DAVID A
608 WEST HORATIO STREET
TAMPA, FL 33606

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LILLY, JEFFREY R
STREET ADDRESS	435 MIRABAY BOULEVARD
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	MGRM
NAME	BRAUNER, RICHARD
STREET ADDRESS	350 S. DUKELAND STREET
CITY-ST-ZIP	BALTIMORE, MD 21233
TITLE	MGRM
NAME	SANTORO, JOHN
STREET ADDRESS	4604 COZZO DRIVE
CITY-ST-ZIP	LAND O'LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000841624
03/10/08-80018-013 138.75

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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: J R Lilly MGRM 2/25/08 410 9778906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #