2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# L06000055449

Entity Name: FLBN, LLC

Current Principal Place of Business:

PO BOX 2399
TOA BAJA, PR 00951

New Principal Place of Business:

CARR#2 KM 20.2
BARRIO CANDELARIA ARENAS
TOA BAJA, PR 00951

Current Mailing Address:

PO BOX 2399
TOA BAJA, PR 00951

New Mailing Address:

FEI Number: 51-0582754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TAUBENFELD, JIM
Address: PO BOX 2399
City-St-Zip: TOA BAJA, PR 00951

Title: MGRM ( ) Delete
Name: MENDA, NELSON
Address: PO BOX 2399
City-St-Zip: TOA BAJA, PR 00951

Title: MGRM ( ) Delete
Name: MENDA, BRENDA
Address: PO BOX 2399
City-St-Zip: TOA BAJA, PR 00951

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TAUBENFELD, JIM
Address: PO BOX 2399
City-St-Zip: TOA BAJA, PR 00951

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NELSON MENDA MGRM 03/09/2007

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