2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State
05-22-2007 90180 015 ****50.00

DOCUMENT # L06000087847

1. Entity Name

LUSTBERG LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
20563 SOUTH CHARLESTON BOCA RATON FL 33434	20563 SOUTH CHARLESTON BOCA RATON FL 33434

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
17842 Lake Azure Way	17842 Lake Azure Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. FEI Number: 20-5573248 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUSTBERG, GARY
20563 SOUTH CHARLESTON
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name: Lustberg, Gary
Street Address (P.O. Box Number is Not Acceptable): 17842 Lake Azure Way
City: Boca Raton **FL** Zip Code: 33496

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUSTBERG, GARY ~~20563 SOUTH CHARLESTON~~ 17842 Lake Azure Way BOCA RATON FL 33~~434~~ 496	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUSTBERG, PATRICIA ~~20563 SOUTH CHARLESTON~~ 17842 Lake Azure Way BOCA RATON FL 33~~434~~ 496	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patricia Lustberg 5/15/07 561-487-1406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #