

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/28/2007-90065-012 \$50.00-\$50.00

DOCUMENT # L06000113908

1. Entity Name
LBBR, LLC



07 SEP 21 PM 12:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2nd MOORE CR2E083 (4/07)

Principal Place of Business
**765 QUEENS HARBOR BOULEVARD
JACKSONVILLE FL 32225**

Mailing Address
**765 QUEENS HARBOR BOULEVARD
JACKSONVILLE FL 32225**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4. FEI Number
20-958-2281

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ZEIDWIG, BARRY J
765 QUEENS HARBOR BOULEVARD
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Barry Zeidwig* DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZEIDWIG, BARRY J 765 QUEENS HARBOR BOULEVARD JACKSONVILLE FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Barry Zeidwig* *Barry Zeidwig* 8/23/07 904 891-1390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #