2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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				
					SE	ORE (ATTY OI LAHASSEE	FSTATE		
Principal Place of Business Mailing Address 765 QUEENS HARBOR BOULEVARD 765 QUEENS HARBOR BOU				VARD	TAL	LAHASSEE	FLURIUA	1	
JACKSONVILLE FL 32225 JACKSONVILLE FL 32225					146703		A ADTEK WARK WARR	UMA IAM AARII III	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address						R BH OCHTO CUU DAIN BAN	I BRIDI ERZI KERZ	FY)	
Suite, Apt.	#. etc.	Suite, Apt #, etc.		2nd	MOORE	CR2E08:	3 (4/07)		
City & State		City & State		4. FELNumbe	858-22	81	<u> </u>	oplied for or Applicable	
Zip	Country	Zíp	Count	try		of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New I			
ZEIDWIG, BARRY J 765 QUEENS HARBOR BOULEVARD JACKSONVILLE FL 32225				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	e
The above named epilipsubmits this statement for me 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 pegistered agent.									and accept
SIGNATURE Spendage, proper protect from the population of protection (NOTE Registered Agent Signature Institute of protection)							DATÉ		إ
FILE NOW!!! FEE IS \$50.00									
	U	Make Check Payabl			nt of State				l
	<u> </u>			mber 5, 2007					
9.	MANAGING MEMBEI		10.		<del></del>	ADDITIONS	/CHANGES		
11TLE NAME	MGRM ZEIDWIG, BARRY J	Uelcie Uelcie	THLE Name					Change	Addition
STREET ADDRESS	765 QUEENS HARBOR BOULEVAR	D	1	ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-	ST-ZiP					}
TITLE		☐ Delete	MLE					☐ Change	Addition
HAME	<u> </u>		MAK.						
STREET ADDRESS CITY-ST-ZIP	* .'		1	EF ADDRESS -ST-ZIP					ł
TITLE			TITLE					☐ Change	☐ Addition
NAME	]	☐ Delete	NAME	ļ.				□ crearite	Addition
STREET ADDRESS			STREE	et address					
CITY-ST-71P			CITY	ST-ZIP	<del></del>		<del></del>		
TITLE		☐ Delete	TILLE	1				☐ Change	Addition
NAME STREET ADDRESS			NAME SIRE	ET ADORESS					
CITY-ST-ZIP			4	ST-ZIP					
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAME						1
SIRLET ADDRESS CITY-SI-ZIP			4	ET ADDRESS St-ZIP					
TITLE		☐ Delete	DILE			<del></del>		☐ Change	Addition
NAME	}	Book	NAME						2
STREET ADDRESS			- 1	ET ADORESS					
CITY-SF-ZIP		···	_1	SI-ZP					
11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 further certify that the information indicated on this report is true and specurate and that my signature shall have the same legal effect as it made under eath; that I am a managing member or manager of the limited flability company or the ecover or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
16 /3/10 Handy Date : 11/1									
SIGNATURE: SIGNATURE AND DIVETO OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED PETRESENTATIVE DAIL DOLL DAIL DIVINION PROPERTY.									