


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

04-28-2008 90055 021 ***138.75

DOCUMENT # L07000019960	
1. Entity Name CMM OF LBK, LLC	

Principal Place of Business 183 DEVONWOOD DRIVE PITTSBURGH, PA 15241	Mailing Address 183 DEVONWOOD DRIVE PITTSBURGH, PA 15241
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30008016

2. Principal Place of Business - No P.O. Box # 3533 Fair Oaks Lane	3. Mailing Address 3533 Fair Oaks Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04222008 Chg-LLC CR2E083 (12/08)

City & State Longboat Key FL	City & State Longboat Key FL
Zip 34228	Country Sarasota
Zip 34228	Country Sarasota

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Managing Member <input type="checkbox"/> Delete Carla M. Muggio 183 Devonwood Drive Pittsburgh, PA 15241	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Managing Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carla M. Muggio 3533 Fair Oaks Lane Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager <input type="checkbox"/> Delete Carla M. Muggio 183 Devonwood Drive Pittsburgh, PA 15241	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carla M. Muggio 3533 Fair Oaks Lane Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carla M. Muggio Carla M. Muggio 4-22-08 941-383-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Corrected 5-27-08 Carla M. Muggio