

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000001357

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** LBA WEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

501 RIVERSIDE AVENUE  
SUITE 800  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

501 RIVERSIDE AVENUE  
SUITE 800  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 59-3543661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VON STEIN, NEAL J  
501 RIVERSIDE AVENUE  
SUITE 800  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

ALBANEZE, DAVID T MGR  
501 RIVERSIDE AVENUE  
SUITE 800  
JACKSONVILLE, FL 32202 US

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: DAVID T ALBANEZE

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LBA CPA, P.A.  
Address: 501 RIVERSIDE AVENUE SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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: DAVID T ALBANEZE

MGR

04/28/2010

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