

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004072

FILED  
May 15, 2009  
Secretary of State

**Entity Name:** LB FLORIDA REAL ESTATE HOLDINGS, LLC

**Current Principal Place of Business:**

1228 TUNEBURG PARKWAY  
BELVIDERE, FL 61008

**New Principal Place of Business:**

1228 TUNEBURG PARKWAY  
BELVIDERE, IL 61008

**Current Mailing Address:**

1228 TUNEBURG PARKWAY  
BELVIDERE, FL 61008

**New Mailing Address:**

304 WINSTON CREEK PARKWAY  
LAKELAND, FL 33813

FEI Number: 26-0430358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BULL, LARRY  
304 WINSTON CREEK PARKWAY  
LAKELAND, FL 33810      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BULL, LARRY  
Address: 1228 TUNEBURG PARKWAY  
City-St-Zip: BELVIDERE, FL 61008

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: BULL, LARRY  
Address: 6576 EAGLE VIEW LOOP  
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LARRY L. BULL

MGRM

05/15/2009

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