

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # M98000001045**1. Entity Name  
LBI ASSET MANAGEMENT, LLC

Principal Place of Business 10100 W. SAMPLE ROAD, SUITE 401  CORAL SPRINGS FL 33065	Mailing Address 10100 W. SAMPLE ROAD, SUITE 401  CORAL SPRINGS FL 33065
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2. Principal Place of Business 2855 N UNIVERSITY DRIVE	3. Mailing Address 2855 N UNIVERSITY DRIVE
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Suite, Apt. #, etc. SUITE 320	Suite, Apt. #, etc. SUITE 320
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City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
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Zip 33065	Country	Zip 33065	Country
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4. FEI Number 65-0884993	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**LOVITO PAUL FJR.  
10100 W. SAMPLE ROAD, SUITE 401

CORAL SPRINGS FL 33065 US

**7. Name and Address of New Registered Agent**Name  
LOVITO PAUL FJR.Street Address (P.O. Box Number is Not Acceptable)  
2855 N UNIVERSITY DRIVE

SUITE 320

City  
CORAL SPRINGS FL Zip Code  
33065

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.

SIGNATURE **PAUL LOVITO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/26/2001**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVITO PAUL FJR. 10100 W. SAMPLE ROAD, SUITE 401 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVITO PAUL FJR. 2855 N UNIVERSITY DRIVE SUITE 320 CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: PAUL LOVITO**

MGR 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)