


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90055 045 ***158.75

DOCUMENT # P02000061061	
1. Entity Name LMB HOLDINGS, INC.	

Principal Place of Business 100 W KENNEDY BLVD SUITE 650 TAMPA, FL 33602	Mailing Address 100 W KENNEDY BLVD SUITE 650 TAMPA, FL 33602
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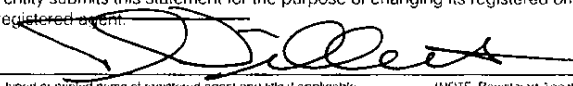
2. Principal Place of Business - No P.O. Box # 412 E. Madison St. Suite, Apt. #, etc. Suite 1100 City & State Tampa, FL Zip 33602	3. Mailing Address 412 E. Madison St. Suite, Apt. #, etc. Suite 1100 City & State Tampa, FL Zip 33602	Country USA
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01032008 Chg-P CR2E034 (12/06)

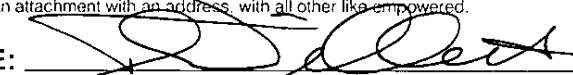
6. Name and Address of Current Registered Agent WILLETT, THOMAS K 100 W. KENNEDY BLVD. SUITE 650 TAMPA, FL 33602	
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7. Name and Address of New Registered Agent Name Thomas K. Willett Street Address (P.O. Box Number is Not Acceptable) 412 E. Madison St. Suite 1100 City Tampa FL Zip Code 33602	
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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 	DATE 3/6/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WILLETT, THOMAS K 100 W KENNEDY BLVD SUITE 650 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 E. Madison St, Suite 1100 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLETT, MARK R 22634 ROYAL RIDGE CT LUTZ, FL 33549 <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
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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11; if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 3/6/08 813-229-0600