2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001724

Entity Name: LBJ INVESTMENTS INC

Title:

Name:

Address:

City-St-Zip:

FILED Apr 09, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
901 PROG L8	001 PROGRESSO DR.					ND AVE	33334 US	
FT. LAUDERDALE, FL 33304 US					FT. LAUDERDALE, FL 333334 US			
Current Mailing Address:					New Mailing Address:			
	RESSO DR.				3424 NE 2ND AVE FT. LAUDERDALE, FL			US
L8 FT. LAUDE	ERDALE, FL 33	3304	US		FT. LAUDERDALE, FL		33334 03	
FEI Number:	65-0628701	FEI Nu	mber Applied For ()	FEI Nun	nber Not Appl	icable ()	Certific	ate of Status Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
INGLIS, RICHARD K PA 2455 E SUNRISE BLVD # 320 FORT LAUDERDALE, FL 33304 US					BROENNIMAN, MARGARET ESQ 3424 NE 2ND AVE FORT LAUDERDALE, FL 33334 US			
The above in the State		ubmits	this statement for the p	urpose o	of changing i	ts registered	office or	registered agent, or both,
SIGNATURE: MARGARET BROENNIMAN					04/09/2005			
	Electroni	c Signa	ture of Registered Age	nt				Date
Election Can	npaign Financing	Trust Fu	und Contribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () I SNIDER, JUANIT 901 PROGESSO FT. LAUDERDAL	DRIVE			Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	PST () JOHNSON, ELIZ 901 PROGESSO FORT LAUDERD	DRIVE	UNIT U1		Title: Name: Address: City-St-Zip:	D ST (WHITE, JAME 3424 NE 2ND FORT LAUDE	ES AVE	() Addition
Title: Name: Address: City-St-Zip:	D (X) SNIDER, CLIFTO 901 PROGESSO FORT LAUDERD	DRIVE			Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address:	D () NAHABEDIAN, B 901 PROGESSO	DRIVE	UNIT U1		Title: Name: Address: City-St-Zin:	() Change	() Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

DΡ

CLEMENS, SHERRY S

2543 OKEECHOBEE LN

FORT LAUDERDALE, FL 33312

(X) Change () Addition

SIGNATURE: SHERRY CLEMENS P 04/09/2005

() Delete

FORT LAUDERDALE, FL 33312

CLEMENS, SHERRY S

2543 OKEECHOBEE LN