ANNUAL REPORT

DOCUMENT # P98000055922

1. Entity Name LMB HOMES, INC.



Secretary of State 02-01-2005 90030 047 ***150.00

Feb 01, 2005 8:00 am

Principal Place of Business

P.O. BOX 3423 HALLANDALE, FL 33008 US Mailing Address

P.O. BOX 3423

HALLANDALE, FL 33008 US

50009140



| DO | NOT | WRITE | IN THIS | SPACE |
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|----|-----|--------------|---------|-------|

| 01262005 No Chg-P | | CR2E034 (10/03) | | | |
|---------------------------------|-----|-----------------|--------|----------------|--|
| 4. FEI Number | | | | Applied For | |
| 65-0853 | 582 | | | Not Applicable | |
| 5 Cortificate of Status Desired | | | \$8.75 | Additional | |

| , | | | | 5. Certificate | of Status Desired | | \$8.75 Additional Fee Required | |
|---|--|--|-------------------------------|----------------------------|-------------------|------|-----------------------------------|--|
| 6. Name and Address of Current Registered Agent | | | | | | | | |
| BLANDER, IRV 21340 NE 23 COURT MIAMI, FL 33180 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| 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_ | Signature, typed or printed name of registered agent and title | if applicable. (NOTE: Registered | d Agent signature require | ed when reinstating) | · | DATE | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | | i.00 May Be ded to Fees | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | | |
| TITLE | PSTD | | | | | | | |
| NAME | BLANDER, IRV | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 21340 NE 23 COURT | | | | | | | |
| | MIAMI, FL 33180 | | ł | | | | j | |
| TITLE | | | | | | | | |
| NAME STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | l | | | | | |
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| TITLE ! | | | | | | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | | DO | NOT W | RIT | Έ | |
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| NAME | | | | IN | THIS SP | ΆC | E ' | |
| STREET ADDRESS | | | | | | | ĺ | |
| CITY-ST-ZIP | | | | | | | | |
| TITLE | | | 1 | | | | | |
| NAME | | | | | | | | |
| STREET ADDRESS | | | | | | | | |

12. 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 of 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 preview 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 attactionent with an address, with all other like empowered.

SIGNATURE:

CITY-\$T-ZIP

STREET ADDRESS CITY-ST-ZIP

305-933-3152