## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 08:00 AM Secretary of State

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1. Entity Name

L.B. LIMITED AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

120 SOUTH DIXIE HWY STE 205 120 SOUTH DIXIE HWY

STE 205

DO NOT WRITE IN THIS SPACE

WEST PALM BEACH, FL 33401-5425 US

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01162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0296950 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, BRUCE N. 120 SOUTH DIXIE HWY STE. 205

WEST PALM BEACH, FL 33401-5425

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	named entity submits this statement for the plans of registered agent.	purpose of changing its register	ed öllige ör r	egistered agent, or bo	sth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	I applicable (NOTE: Registers	d Agent signatura	required when reinstating) .	DATE		
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.		icing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	]		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEWIS, BRUCE N. 120 S. DIXIE HIGHWAY #205 WEST PALM BEACH, FL 33401						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BRADY, MICHAEL G. 120 S DIXIE HWY. #205 WEST PALM BEACH, FL 33401				U00000610417 02/02/07-80021-009 158.75		
TITLE MAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IÑ '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP					,		
12. Thereby ceruly that the information supplied with this filling 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

FIGNATURE AND TO PEGOR PRINTED NAME OF SIGNING OFFICER O

SUCE N. Lewis, CEO

541-833-8080