2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 1:27

DOCUMENT # A06000000706

1. Entity Name
SB INVESTMENTS, LTD.

Principal Place of Business	Mailing Address
2021 STEFANO COURT MOUNT DORA, FL 32757	2021 STEFANO COURT MOUNT DORA, FL 32757

04182008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRENNAN, MANNA & DIAMOND, P.L. 76 SOUTH LAURA STREET SUITE 2110 JACKSONVILLE, FL 32202	Name: VAISHALI M. SWAMI Street Address (P.O. Box Number is Not Acceptable): 2021 STEFANO COURT City: MT. DORA **FL** Zip Code: 32757

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: Vaishali M. Swami VAISHALI M. SWAMI 4/18/08
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	200127246782 04/30/08--01011--005 **500.00
NAME	BJERKEN, DAVID S		
STREET ADDRESS	2021 STEFANO COURT		
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME	SWAMI, VAISHALI M		
STREET ADDRESS	2021 STEFANO COURT		
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: DAVID S. BJERKEN 4/18/08 352-735-2382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE