* LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

L03000019480

DOCUMENT#

FILED Jul 23, 2004 8:00 am Secretary of State

07-	-23-	2004	90068	004	****55	Ω

1. Entity Name	SBP, L.L.C.							
	DO NOT WRITE	IN THIS SP	ACE	14026697				
•	ace of Business	3. Mailing Address		<u> </u>				
1648 Buttonbush Circle Suite Apt. #. etc.		1648 Buttonbush Circle Suite, Apt. #. etc.		DO NOT WRITE IN THIS S	DACE			
Tallowood Village		Tallowood Village		BONOT WRITE IN THIS C	SF ACC			
City & State		City & State		4. FEI Number	Applied For			
Palm City, Florida Zip Country		Palm City, Florida Zip Country		11-3240646	Not Applicable			
Zip 34990	USA	34990	USA		\$5.00 Additional . Fee Required			
				7. Name and Address of Current Registered	Agent			
	DO NOT WI	oite :: ?	Name Carl C	J. Schlanger				
	BANK CHARLES COMMENTED AND A SECURE OF THE SECURE OF THE ACT OF THE SECURE OF THE SECU		Street Address (Street Address (P.O. Box Number is Not Acceptable) 1648 Buttonbush Circle				
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Podlik Cicub			Palm C		34990			
	named entity submits this statement for ons of registered agent.	the purpose of changing its re	egistered office or register	red agent, or both, in the State of Florida. I am fa	amiliar with, and accept			
· SIGNATURE	***							
	Signature, typed or printed name of registered again ar	1 St.	EE IC CEN AN STATE	DATE				
		FEE IS \$50:00 Make Check Payable to Florida Department of State.						
			JE BY MAY 1	J-1/Ariebi				
9.	MANAGING MEMBER	S/MANAGERS						
NAME	MGRM Mica II, LLC	TITLE NAME			1, 0,0			
STREET ADDRESS	c/o Michael Schachter	D1 1	STREET ADDRESS		E			
CITY-ST-ZIP	1025 S.W. Martin Downs	BIAG.	CLITY-ST-ZIP					
TITLE NAME	Suite 102A Palm City, FL 34990	TITLE NAME		The state of the s	2			
STREET ADDRESS		•	STREET ADDRESS					
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TITLE NAME			TIPLE A					
STREET ADDRESS			STREET ADORESS*	DO NOT WRI	TE			
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NAME STREET ADDRESS	,		NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
	entify that the information supplied with	this filing does not qualify for t	the exemption stated in Se	ection 119.07(3)(i). Florida Statutes, I further cer	tify 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _________

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/13/2004 Date

973-622-6200