


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

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

07-23-2004 90068 004 ****55.00

DOCUMENT # L03000019480	
1. Entity Name SBP, L.L.C.	

14026697

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1648 Buttonbush Circle Suite, Apt. #, etc. Tallowood Village City & State Palm City, Florida Zip 34990		3. Mailing Address 1648 Buttonbush Circle Suite, Apt. #, etc. Tallowood Village City & State Palm City, Florida Zip 34990	
Country USA	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3240646	Applied For Not Applicable
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7. Name and Address of Current Registered Agent	
Name Carl J. Schlanger	
Street Address (P.O. Box Number is Not Acceptable) 1648 Buttonbush Circle Tallowood Village	
City Palm City	FL Zip Code 34990

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mica II, LLC c/o Michael Schachter 1025 S.W. Martin Downs Blvd. Suite 102A Palm City, FL 34990
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CR2E083B (12/02)

11. 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 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: Adam M. Haberfield 7/13/2004 973-622-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Adam M. Haberfield
Authorized Representative