


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000026343</b>	
1. Entity Name SANTA BARBARA GARDEN VILLAS, LLC	

Principal Place of Business 1401 PONCE DE LEON BLVD., STE. 401 CORAL GABLES, FL 33134	Mailing Address 1401 PONCE DE LEON BLVD., STE. 401 CORAL GABLES, FL 33134
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01222008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2688191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SOCORRO, ALFREDO  
 1401 PONCE DE LEON BLVD., STE. 401  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

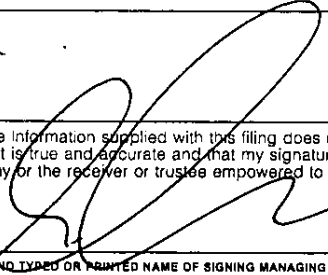
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000853679  
 03/26/08-80079-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOCORRO, ALFREDO 3403 NW 82 AVE STE 105 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

11. 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 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:**  **Date:** 03-05-08 **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE