

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90132 038 \*\*\*138.75



**DOCUMENT # L07000123196**

1. Entity Name

SB PARTNERSHIP, LLC

Principal Place of Business

10301 HERON WOOD LANE  
WEST PALM BEACH FL 33412

Mailing Address

10301 HERON WOOD LANE  
WEST PALM BEACH FL 33412



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number:

61-1547190

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HELGESEN, ANDREW  
11380 PROSPERITY FARMS ROAD, SUITE 201  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

PAUL D. BEDERSON

Street Address (P.O. Box Number is Not Acceptable)

10301 HERONWOOD LANE

City

West Palm Bch

FL

Zip Code

33412

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

*Paul P. Bederson*

(Sign, trace, typed or printed name of registered agent and file if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

02/28/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	SACHS, E. STEVEN	8059 CRANES POINT WAY	WEST PALM BEACH FL 33412	<input type="checkbox"/>
MGR	BEDERSON, PAUL D	10301 HERON WOOD LANE	WEST PALM BEACH FL 33412	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Paul P. Bederson*

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

02/28/08

561-775-1801

Corporate Phone #