


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000030944 1. Entity Name SB PAPPAS EXCHANGE PROPERTY, LLC	
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Principal Place of Business 4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652	Mailing Address 4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 16-1639605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, D. DEWEY
 4532 U.S. HIGHWAY 19, 2ND FLOOR
 NEW PORT RICHEY, FL 34652

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

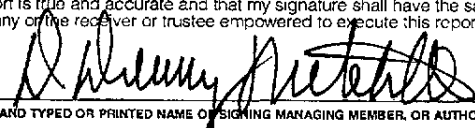
**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, DEWEY D 4532 U.S HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652
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 04/29/04-80143-018 50.00

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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:  4-27-04 727-847-6556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Case Daytime Phone #