

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


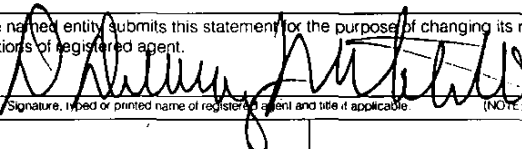
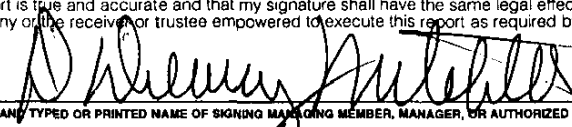
FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90140 037 ****50.00

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01172006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L02000030944			
1. Entity Name SB PAPPAS EXCHANGE PROPERTY, LLC			
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	
2. Principal Place of Business 7916 Evolutions Way Suite, Apt. #, etc. Suite 106 City & State Trinity, FL Zip 34655 Country Pasco		3. Mailing Address 7916 Evolutions Way Suite, Apt. #, etc. Suite 106 City & State Trinity, FL Zip 34655 Country Pasco	
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		7. Name and Address of New Registered Agent Name Mitchell, D. Dewey Street Address (P.O. Box Number is Not Acceptable) 7916 Evolutions Way Suite 106 City Trinity FL Zip Code 34655	
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  D. Dewey Mitchell DATE 2-10-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, DEWEY D 4532 U.S HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mitchell, Dewey D 7916 Evolutions Way, Ste 106 Trinity, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  D. Dewey Mitchell		Date 2/10/06 Daytime Phone # 727-569-2332	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	