

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000005929

**Entity Name:** SBA STRUCTURES, LLC

**Current Principal Place of Business:**

5900 BROKEN SOUND PARKWAY, NW  
BOCA RATON, FL 33487

**Current Mailing Address:**

5900 BROKEN SOUND PARKWAY, NW  
BOCA RATON, FL 33487

**FEI Number:** 13-2623598

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SBA GUARANTOR LLC  
Address 5900 BROKEN SOUND PARKWAY, NW  
City-State-Zip: BOCA RATON FL 33487

Title EXECUTIVE VP, SECRETARY,  
DIRECTOR  
Name HUNT, THOMAS P  
Address 5900 BROKEN SOUND PARKWAY, NW  
City-State-Zip: BOCA RATON FL 33487

Title EXECUTIVE VP  
Name SILBERSTEIN, JASON  
Address 5900 BROKEN SOUND PARKWAY, NW  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name O'DONNELL, PATRICK  
Address 5900 BROKEN SOUND PARKWAY, NW  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR, PRESIDENT  
Name STOOPS, JEFFREY A  
Address 5900 BROKEN SOUND PARKWAY, NW  
City-State-Zip: BOCA RATON FL 33487

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS P. HUNT

**SECRETARY**

**04/17/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date