

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED**  
**May 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #A01000001013**

1. Entity Name  
**SBC DEVELOPMENTS, L.L.L.P.**



Principal Place of Business  
**1 SOUTH SCHOOL AVENUE, SUITE 500  
SARASOTA, FL 34237**

Mailing Address  
**1 SOUTH SCHOOL AVENUE, SUITE 500  
SARASOTA, FL 34237**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042008

Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-1123974**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIEBERMAN, LARRY P  
1 SOUTH SCHOOL AVENUE, SUITE 500  
SARASOTA, FL 34237**

Name

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

City

**FL**

Zip Code

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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **A00000001762**  
NAME **BGI DEVELOPMENT, L.L.L.P.**  
STREET ADDRESS **1 SOUTH SCHOOL AVENUE, SUITE 500**  
CITY-ST-ZIP **SARASOTA, FL 34237**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **M01000001872**  
NAME **ALEXANDER BERNE/SBC LLC**  
STREET ADDRESS **20 WEST 64TH STREET**  
CITY-ST-ZIP **NEW YORK, NY 10023**

STREET ADDRESS

CITY-ST-ZIP

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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

**4/26/06**

**941-955-8002**