2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
2005 MAY -4 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000042

1. Entity Name
SFB INVESTMENT COMPANY, LLLP

Principal Place of Business	Mailing Address
1358 THOMASWOOD DRIVE TALLAHASSEE, FL 32312	1358 THOMASWOOD DRIVE TALLAHASSEE, FL 32312

04042005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0673579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEEN, STEPHEN F
1358 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name BEEN, STEPHEN F
Street Address (P.O. Box Number is Not Acceptable) 3520 THOMASVILLE ROAD
SUITE 200
City TALLAHASSEE FL Zip Code 32309-3469

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$99.90	10. Amount of Capital Contributions in FLORIDA to date.	

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 #	L04000001971		
NAME	SFB MANAGEMENT COMPANY, LLC		
STREET ADDRESS	~~1358 THOMASWOOD DRIVE~~	STREET ADDRESS	3520 Thomasville Rd Ste 200
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	Tallahassee, FL 32309
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STAPLE CHECK HERE

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

SIGNATURE: X S.BEEN 04/27/05 678 530-0723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #