
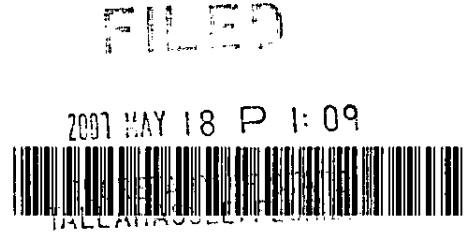


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A06000001131 1. Entity Name SB REALTY PARTNERS, LTD.	
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Principal Place of Business 7965 LANTANA ROAD LAKE WORTH FL 33454	Mailing Address PO BOX 540669 LAKE WORTH FL 33454
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent GARY SMIGIEL, L.C. 7965 LANTANA ROAD LAKE WORTH FL 33454	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

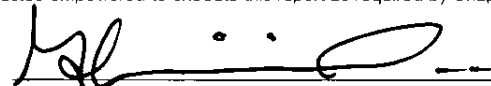
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP L93000000238 GARY SMIGIEL, L.C. PO BOX 540669 LAKE WORTH FL 33454	STREET ADDRESS CITY ST ZIP STREET ADDRESS CITY ST ZIP STREET ADDRESS CITY ST ZIP STREET ADDRESS CITY ST ZIP STREET ADDRESS CITY ST ZIP STREET ADDRESS CITY ST ZIP STREET ADDRESS CITY ST ZIP

500103411265
05/29/07--01004--021 **500.00

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:  **4/19/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #