

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 23 AM 11:04

**DOCUMENT # A06000001131**

1. Entity Name  
SB REALTY PARTNERS, LTD.



Principal Place of Business  
7965 LANTANA ROAD  
LAKE WORTH, FL 33454

Mailing Address  
PO BOX 540669  
LAKE WORTH, FL 33454



2. Principal Place of Business - No P.O. Box #  
7965 Lantana Road  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01142008 Chg-LP CR2E003 (12/06)

City & State  
Lake Worth, FL  
Zip  
33467

Country  
Palm Beach

City & State  
Zip

Country

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

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

**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  
GARY SMIGIEL, L.C.  
Street Address (P.O. Box Number is Not Acceptable)  
7965 Lantana Road  
City  
Lake Worth FL Zip Code  
33467

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, 2008, Fee will be \$900.00**

500125010085  
04/22/08--01009--018 \*\*500.00

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
L93000000238  
GARY SMIGIEL, L.C.  
PO BOX 540669  
LAKE WORTH, FL 33454

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE