PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
		FLORIDA DEPARTMENT OF STATE Secretary of State division of corporations		\TE	SECR IN OI STATE DIVISION OF STATE 05 DEC 15 AM 9:17	
DOCUMENT # A9800000 1. Name of Limited Partnership S-B Properties No. 22, Limited Partnership					CR2E039 ((8/05)
2. Principal Office Addre 7702 E. Double	etree Ranch Road	-	3. Mailing Office Address 7702 E. Doubletree Ranch Road		4. Date Formed or Registered To Do Business in Florida 10-	-5-1998
Suite, Apt. #, etc. Suite 220		Suite, Apt. #, etc. Suite 220			5. FEI Number 58-2424757	Applied For Not Applicable
City & State		City & State			6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required
Scottsdale, AZ		Scottsdale, AZ	•			for a Certificate of Status
^{Zip} 85258	Country USA	^{Zip} 85258	Country USA		7a. Capital Contributions as shown on Record: \$1.00	
	8. Name and Address of				7b. Amount of Capital Contributions in I	FLORIDA to date:
_{Name} Vietto, Daniel I			<u></u>		FEES:	
Street Address (P.O. Box	(Number is Not Acceptable)				 Filing Fee(s): Computed at a rate of \$7 in 7b, with a minimum filing fee of \$52. for each year due this office 	' per \$1,000 on amount entered 50 and a maximum of \$437.50,
1123 Overcas	h Drive				for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year.	<u>year due</u> this office, beginning
Suite, Apt. #, Etc.				_	3.) Penalty Fee(s): \$500 penalty fee for ea	
ciy Dunedin		State FL	Zip Code 34698		Note: If the amount entered in 7b is gn 7a, a supplemental affidavit must be su and appropriate filing fee.	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
10. Name(s) of Ge	eneral Partner(s)		ach General Partner st Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number
Barclay Colorad	lo Holdings I, L.L.C	C 7702 E. Doubletree F	7702 E. Doubletree Ranch Road, Suite 220		ottsdale, AZ 85258	M00000001975
					000062513750 12/30/0501059013 **1291_25	
			REN		STATERNENT 24-05	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any liability of non-corporatione with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and trade shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this program required by chapter 620, Florida Statutes.						
SIGNATURE						
Typed or Printed Name of General Partner Signing Form						

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