

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90026 050 \*\*\*\*50.00

**DOCUMENT # L00000004753**

1. Entity Name  
**SATB HOLDINGS, LLC**



Principal Place of Business  
**6600 W ROGERS CIRLCE  
SUITE ONE  
BOCA RATON, FL 33487**

Mailing Address  
**P.O. BOX 810847  
BOCA RATON, FL 33481**

**40004201**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

**65-1006374**

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAROW, FRED  
17375 ST. JAMES ST.  
BOCA RATON, FL 33496**

Name **John A. Blackman**

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

**17375 ST. JAMES CT**

City

**Boca Raton**

**FL**

Zip Code

**33496**

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, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/27/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JAROW, FRED	
STREET ADDRESS	17915 FOXBOROUGH LANE	
CITY - ST - ZIP	BOCA RATON, FL 33496	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLACKMAN, JOHN A	
STREET ADDRESS	17375 ST. JAMES CT.	
CITY - ST - ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **JOHN A. BLACKMAN**

**1/27/06 5612413131**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #