

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 07, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L00000004753**

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



Principal Place of Business  
**17375 ST. JAMES CT.  
BOCA RATON, FL 33496**

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



01132007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1006374**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BLACKMAN, JOHN A  
17375 ST. JAMES ST.  
BOCA RATON, FL 33496**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JAROW, FRED  
17915 FOXBOROUGH LANE  
BOCA RATON, FL 33496**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BLACKMAN, JOHN A  
17375 ST. JAMES CT.  
BOCA RATON, FL 33496**

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CITY-ST-ZIP

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CITY-ST-ZIP

000000658179  
03/15/07-80028-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

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

**2-28-07 561-241-3131**

Date

Daytime Phone #