


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 DEC 27 PM 2: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005234			
1. Entry Name SSB PROPERTIES, LLC			
Principal Place of Business 6924 S.W. 114 PL. #B MIAMI, FL 33173		Mailing Address 6924 S.W. 114 PL. #B MIAMI, FL 33173	
2. Principal Place of Business 13800 SW 79 CT Subt. Apt. #, etc.		3. Mailing Address SAME AS AT LEFT Subt. Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33158	Country US	Zip	Country
4. FEI Number 85-1005416		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TUR, JOHN 5333 COLLINS AVE., SUITE 306 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name: JANET M. BEASLEY Street Address (P.O. Box Number is Not Acceptable): 13800 SW 79 CT City: MIAMI FL Zip Code: 33158	
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: <i>Janet M. Beasley</i> DATE: _____ <small>Signature: typed or printed name of registered agent and title if applicable. Registered Agent signature required when relinquishing.</small>			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR <input type="checkbox"/> Delete BEASLEY, SCOTT 8924 S.W. 114 PL. #B MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGMR BEASLEY, SCOTT 13800 S.W. 79 CT MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Scott Beasley</i>		Date: 6/16/04 786-355-2854	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			