


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

BEB FILED
 Apr 22, 2004 08:00 AM
 28 Secretary of State

DOCUMENT # L00000012840
 1. Entity Name
 SB TAMARAC COMMERCE CENTER, LLC



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| Principal Place of Business 2005 WEST CYPRESS CREEK RD., STE. 202 FT. LAUDERDALE, FL 33309 | Mailing Address 2005 WEST CYPRESS CREEK RD., STE. 202 FT. LAUDERDALE, FL 33309 |
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-LLC CR2E083 (10/03)

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|---|--------------------------------|
| 4. FEI Number 65-1056801 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 BUTTERS, SAMUEL
 2005 WEST CYPRESS CREEK RD., STE. 202
 FT. LAUDERDALE, FL 33309

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by May 1, 2004

L000000128403
 04/22/04-80039-002 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BUTTERS, SAMUEL 2005 W. CYPRESS CREEK RD. SUITE 202 FT. LAUDERDALE, FL 33309 |
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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:  DATE: 4/19/04 DAYTIME PHONE #: 954-775-0556