

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90137 001 ***100.00

DOCUMENT # L00000012840

1. Entity Name
SB TAMARAC COMMERCE CENTER, LLC



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**

DO NOT WRITE IN THIS SPACE



03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1056801

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

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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**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: _____

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

MButters

4/5/06

Date

954-771-5056

Daytime Phone #