


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90149 007 \*\*\*\*50.00

<b>DOCUMENT # L00000012933</b>						
<b>1. Entity Name</b> S&B LAND HOLDINGS, LLC						
<b>Principal Place of Business</b> 211 SOUTH BOULEVARD TAMPA, FL 33606			<b>Mailing Address</b> 211 SOUTH BOULEVARD TAMPA, FL 33606			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3677199		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
SANTANA, BYRD & GONZALEZ, P.A. 211 SOUTH BLVD TAMPA, FL 33606			Name <u>Santana i Byrd, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>211 South Blvd.</u> City <u>Tampa</u> <b>FL</b> Zip Code <u>33606</u>			
<b>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.</b>						
SIGNATURE <u>Charles M. Santana</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Charles M. Santana		4/21/06 <small>DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANTANA, CHARLES M 211 SOUTH BLVD TAMPA, FL 33606		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM BYRD, RICHARD E 211 SOUTH BLVD TAMPA, FL 33606		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> <u>Charles M. Santana</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Charles M. Santana		4/21/06 813-254-2443 <small>Date Daytime Phone #</small>	