

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L00000012933

1. Entity Name  
S&B LAND HOLDINGS, LLC



Principal Place of Business  
211 SOUTH BOULEVARD  
TAMPA, FL 33606

Mailing Address  
211 SOUTH BOULEVARD  
TAMPA, FL 33606

FILED

08 MAY -2 AM 10: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01032008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3677199

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTANA, BYRD: JAAP, P.A.  
211 SOUTH BLVD  
TAMPA, FL 33606

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SANTANA, CHARLES M  
211 SOUTH BLVD  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BYRD, RICHARD E  
211 SOUTH BLVD  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000129438580  
05/14/08--01009--013 \*\*288.75

**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

4/15/08

Date

813-254-2443

Daytime Phone #