2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State
02-05-2004 90080 014 ****55.00

DOCUMENT # L01000000928

1. Entity Name
SBP FINANCIAL, L.L.C.

Principal Place of Business	Mailing Address
11575 SW 37TH COURT DAVIE, FL 33330-1701	11575 SW 37TH COURT DAVIE, FL 33330-1701

01092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1070376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEYER, STEPHEN 2201 NW CORPORATE BLVD., SUITE 103 BOCA RATON, FL 33431	Name: STEPHEN B. PASKIND Street Address (P.O. Box Number is Not Acceptable): 11575 S.W. 37th COURT City: DAVIE FL Zip Code: 33330-1701

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] STEPHEN B. PASKIND — DATE: 2-1-04
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PASKINO, STEPHEN B 11575 S.W. 37TH COURT DAVIE, FL 333301701 *wrong spelling*	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PASKIND STEPHEN B. 11575 S.W. 37th COURT DAVIE, FL. 33330-1701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PASKIND, NANCY C 11575 S.W. 37TH CT. DAVIE, FL 333301701 *wrong spelling*	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TRUST, PASKIND, NANCY L 11575 S.W. 37th COURT DAVIE, FL. 33330-1701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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)(i), 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] MGRM - STEPHEN B. PASKIND MGRM — 2-1-04 — 954-472-7517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #