

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90276 038 ****50.00

DOCUMENT # L01000007152

1. Entity Name
SBR DEVELOPMENT, LLC



Principal Place of Business

3399 PGA BLVD., SUITE 260
C/O LOST TREE VILLAGE CORPORATION
PALM BEACH GARDENS, FL 33410

Mailing Address

3399 PGA BLVD., SUITE 260
C/O LOST TREE VILLAGE CORPORATION
PALM BEACH GARDENS, FL 33410



01162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1106307

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSBY, SHEILA B
3399 PGA BLVD., SUITE 260
PALM BEACH GARDENS, FL 33410

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CROSBY, SHEILA B
3399 PGA BLVD, STE 260
WEST PALM BEACH, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BAYER, CHARLES M JR
3399 PGA BLVD, STE 260
WEST PALM BEACH, FL 33410

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

**DO NOT WRITE
IN THIS SPACE**

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:

Sheila Crosby

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

3-11-04

Date

561 6269711

Daytime Phone #

Sheila B. Crosby