

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 20, 2005 08:00 AM  
Secretary of State**

**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**



02012005No 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 reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**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

U00000318017  
04/20/05-80041-022 50.00

**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)(f), 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

Date

Daytime Phone #

*Sheila Crosby*  
4/11/05 561  
626-9711