


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
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
---	---



02082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1106307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 <u>Sheila Crosby</u> DATE <u>4/3/08</u>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

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

U000000905559
05/01/08-80058-001 138.75

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 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: <u>Sheila Crosby</u> DATE <u>4/3/08</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>