

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000012100

Entity Name: SB68 LC

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

1897 PALM BEACH LAKES BLVD.  
#226  
WEST PALM BEACH, FL 33409

## **Current Mailing Address:**

1897 PALM BEACH LAKES BLVD.  
#226  
WEST PALM BEACH, FL 33409

## **New Principal Place of Business:**

712 US HIGHWAY ONE  
SUITE 210  
NORTH PALM BEACH, FL 33408

## **New Mailing Address:**

712 US HIGHWAY ONE  
SUITE 210  
NORTH PALM BEACH, FL 33408

FEI Number: 65-1123975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
941 FOURTH ST., #200  
MIAMI BEACH, FL 33139 US

## **Name and Address of New Registered Agent:**

SMYTH & HAUCK PA  
712 US HIGHWAY ONE  
SUITE 210  
NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: PAUL F SMYTH

04/29/2004

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MEMBERS:**

Title: S ( ) Delete  
Name: LOGAR, TOM  
Address: 80 CELESTIAL WAY #110  
City-St-Zip: JUNO BEACH, FL 33408

## **ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SOBA, BOSTJAN  
Address: 712 US HIGHWAY ONE 210  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BOSTJAN SOBA

MGR

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date