

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012100

Entity Name: SB68 LC

FILED
Jun 19, 2008
Secretary of State

Current Principal Place of Business:

712 US HIGHWAY ONE
SUITE 210
NORTH PALM BEACH, FL 33404

Current Mailing Address:

712 US HIGHWAY ONE
SUITE 210
NORTH PALM BEACH, FL 33404

New Principal Place of Business:

1950 PRESIDENTAL WAY
KORROSEC&SOBA
WEST PALM BEACH, FL 33401

New Mailing Address:

440 COLUMBIA DRIVE
SUITE 500
WEST PALM BEACH, FL 33409

FEI Number: 65-1123975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CASS, LEVY & LEONE
440 COLUMBIA DRIVE
SUITE 500
WESTPALM BEACH, FL 33409 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: CASS, LEVY & LEONE

06/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SOBA, BOSTJAN
Address: 1950 PRESIDENTAL WAY
City-St-Zip: WESTPALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

06/19/2008

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