FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90615 042 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30049509

DOCUMENT # L01000016409

1. Entity Name
S-B PROPERTIES NO. 7, LLC

Principal Place of Business
1123 OVERCASH DR.
TAMPA, FL 33602 US

Mailing Address
1123 OVERCASH DR.
TAMPA, FL 33602 US

[redacted]

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 34698 Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 34698 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 39-1773326 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDOBA, STEPHEN M
101 E. KENNEDY BLVD., STE. 3700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name Daniel L. Vietto
Street Address (P.O. Box Number is Not Acceptable)
1123 Overcash Drive
City Dunedin FL Zip Code 34698

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 ______ 3/2/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	VIETTO, DANIEL L	
STREET ADDRESS	1123 OVERCASH DR.	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (10/02)

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: ______ 3/2/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #