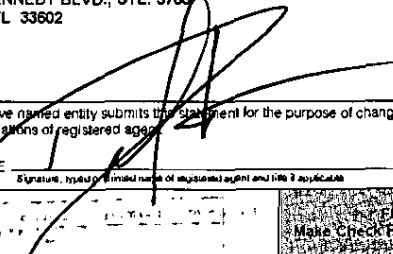
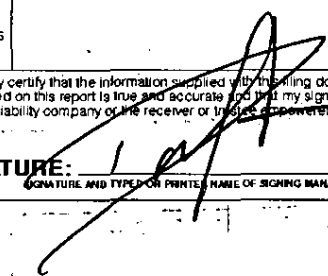


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip 34698	Country	Zip 34698 Country
4. FFL 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 HUDEBA, 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 		DATE 3/2/03
FILE NOW! FEE IS \$50.00 Make Check Payable to: Florida Department of State Due By: May 1, 2003		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VETTO, DANIEL L 1123 OVERCASH DR. DUNEDIN, FL 34698	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 liquidator empowered to execute this report as required by Chapter 606, Florida Statutes.		
SIGNATURE 		DATE 3/2/03

CR2003 (10/02)