


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000021537 1. Entity Name SB & ASSOCIATES, LLC	
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Principal Place of Business 6350 N ANDREWS AVE STE 100 FORT LAUDERDALE, FL 33309	Mailing Address 43 CASTLE HARBOR ISLE FT. LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



02052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 90-0001365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**GERRITS, ANDREW T ESQ.
6350 N. ANDREWS AVE.
FT. LAUDERDALE, FL 33309**

**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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

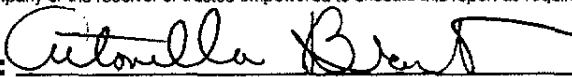
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRANCATO, ANTONELLA 43 CASTLE HARBOR ISLE FT. LAUDERDALE, FL 33308
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02/14/05-80061-013 150.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2-5-05** **(954)650-7553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #