

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000005824

1. Entity Name
SBS PROPERTIES, LLC



Principal Place of Business
**898 HOLLINGSWORTH ROAD
LAKELAND, FL 33801**

Mailing Address
**898 HOLLINGSWORTH ROAD
LAKELAND, FL 33801**

DO NOT WRITE IN THIS SPACE



04122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
27-0004484

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARLOWE & MCNABB, P.A.
324 S. HYDE PARK AVE., SUITE 210
TAMPA, FL 33606**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000366642

05/13/05 00015 002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JOHNSON, SCOTT M
898 HOLLINGSWORTH ROAD
LAKELAND, FL 33801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAHILL, WILLIAM H III
4508 BEACHWAY DRIVE
TAMPA, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAHILL, SHAWN D
2620 N. DUNDEE
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

05/25/05