

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005824

Entity Name: SBS PROPERTIES, LLC

FILED
May 07, 2007
Secretary of State

Current Principal Place of Business:

898 HOLLINGSWORTH ROAD
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

898 HOLLINGSWORTH ROAD
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 27-0004484 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:

Name and Address of New Registered Agent:

MARLOWE & MCNABB, P.A.
1560 WEST CLEVELAND STREET
TAMPA, FL 336061807 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, SCOTT M
Address: 898 HOLLINGSWORTH ROAD
City-St-Zip: LAKELAND, FL 33801

Title: MGRM () Delete
Name: CAHILL, WILLIAM H III
Address: 4508 BEACHWAY DRIVE
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: CAHILL, SHAWN D
Address: 2620 N. DUNDEE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM CAHILL

MGRM

05/07/2007

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