


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000007227</b> 1. Entity Name KIPPUR SB #1, LLC	
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Principal Place of Business 6645 RIDGE RD. PORT RICHEY, FL 34668	Mailing Address 6645 RIDGE RD. PORT RICHEY, FL 34668
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**DO NOT WRITE IN THIS SPACE**



03142008 No Chg-LLC

CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent  TORRENCE, ALFRED W JR 6645 RIDGE RD. PORT RICHEY, FL 34668
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**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 \_\_\_\_\_

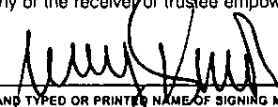
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000890693  
04/22/08-80102-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIPPUR, BRETT M 1147 VICTORIA DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIPPUR, TRACEY 1147 VICTORIA DR DUNEDIN, FL 34698
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **TRACEY KIPPUR** **3/30/08** **727 736 3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #