


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90253 023 ****50.00

DOCUMENT # L02000008987	
1. Entity Name N560SB, L.L.C.	

Principal Place of Business 14500 VISTA RIVER DRIVE FT. MYERS, FL 33908	Mailing Address C/O AL HOFFMAN 14500 VISTA RIVER DR FT. MYERS, FL 33908
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24033128

2. Principal Place of Business <i>11595 KELLY RD.</i>	3. Mailing Address <i>11595 KELLY RD.</i>
Suite, Apt. #, etc. <i>SUITE 219A</i>	Suite, Apt. #, etc. <i>SUITE 219A</i>
City & State <i>FORT MYERS, FL</i>	City & State <i>FORT MYERS, FL</i>
Zip <i>33908</i>	Country <i>US</i>



03262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3038711	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARKE, JOYCE D 14500 VISTA RIVER DRIVE FT. MYERS, FL 33908	7. Name and Address of New Registered Agent Name <i>JOYCE D. CLARK</i> Street Address (P.O. Box Number is Not Acceptable) <i>11595 KELLY ROAD</i> <i>SUITE 219A</i> City <i>FORT MYERS</i> FL Zip Code <i>33908</i>
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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 <i>Joyce D. Clark</i> DATE <i>3/26/04</i>
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFMAN, ALFRED JR 11200 LONGWATER CHASE COURT FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACKERMAN, DON E 24311 WALDEN CENTER DR BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAGAN, JOHN C MD 6981 DEVONWOOD DR FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNIGHT, STEEVEN 24280 S. TAMIAMI TRAIL BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <i>3/26/04</i> 239-461-5111 Daytime Phone #