## 2005 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT FILED DOCUMENT # L02000014795** Mar 31, 2005 08:00 AM 1. Entity Name **Secretary of State** SB UNITED LLC Mailing Address Principal Place of Business 7777 GLADES ROAD, SUITE 201 7777 GLADES ROAD, SUITE 201 BOCA RATON, FL 33434 BOCA RATON, FL 33434 03042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1639644 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHMIER, JEFFREY L DO NOT WRITE 7777 GLADES ROAD, SUITE 201 BOCA RATON, FL 33434 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 U00000282694 03/31/05-80053-005 50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME SCHMIER, JEFFREY L STREET ADDRESS 7777 GLADES ROAD, SUITE 201 BOCA RATON, FL 33434 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. 1 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP