


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L02000015534 1. Entity Name SBR DEVELOPMENT & INVESTMENT, LLC |  |
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| Principal Place of Business 5100 DU PONT BLVD 6 TO "J" FORT LAUDERDADE, FL 33308 | Mailing Address 5100 DU PONT BLVD 6 TO "J" FORT LAUDERDADE, FL 33308 |
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02022005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 03-0467812 | 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 RESNICH, BEATRIZ M. R 5100 DU PONT BLVD 6 "J" FORT LAUDERDADE, FL 33062-6667 |
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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**

1100000216632
02/05/05-80057-005 55.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RESNICH, SILVIO 5100 DU PONT BLVD 6 "J" FORT LAUDERDADE, FL 33308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RESNICH, BEATRIZ 5100 DU PONT BLVD 6 "J" FORT LAUDERDADE, FL 33308 |
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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

2-2-2005 954 7760249

Date Daytime Phone #