FILED
Feb 09, 2007 08:00 A
Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015534

1. Entity Name
SBR DEVELOPMENT & INVESTMENT, LLC

Principal Place of Business	Mailing Address
5100 DU PONT BLVD 6TO "J" FORT LAUDERDADE, FL 33308	5100 DU PONT BLVD 6 TO "J" FORD LAUDERDADE, FL 33308

DO NOT WRITE IN THIS SPACE

01092007No Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0467812
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RESNICH, BEATRIZ M. R
5100 DU PONT BLVD
6 "J"
FORD LAUDERDADE, FL 33062-6667

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

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

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02/16/07-80054-002 55.00

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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: _____ 02/07/2007 9547760249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #