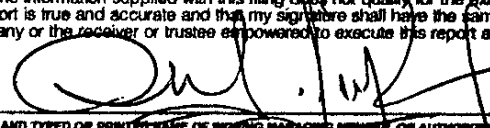


FILED

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 5100 DU PONT BLVD 610 "J" FORT LAUDERDADE, FL 33308		Mailing Address 5100 DU PONT BLVD 610 "J" FORT LAUDERDADE, FL 33308
DO NOT WRITE IN THIS SPACE		
		01092007 No 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" FORT LAUDERDADE, FL 33062-8667		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #