


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L02000017677</b>		
1. Entity Name SBG, LLC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 27 PM 3: 10

Principal Place of Business 1110 JASIME CREEK CT. SUN CITY CENTER FL 33573	Mailing Address 1110 JASIME CREEK CT. SUN CITY CENTER FL 33573
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MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 14-1844289	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	
SIMONINI, ALFRED R 1110 JASIME CREEK CT. SUN CITY CENTER FL 33573	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIMONINI, ALFRED R 1110 JASIME CREEK CT. SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200025610492 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/18/03 01063 005 200.00
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
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Original money is on <input type="checkbox"/> Change <input type="checkbox"/> Addition the reinstatement filed 12/18/03

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: <u>ALFRED R. SIMONINI</u>	Date: <u>2/24/04</u>	Daytime Phone #: <u>813-633-5531</u>
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SBG, LLC  
1110 JASMINE CREEK CT.  
SUN CITY CENTER FL 33573

Request taken by: Iivers  
12-05-2003

The forms you recently requested from this office are:

- (1) 205. Reinstatement (LLC)

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

2/23/04

Gentlemen -

Due to a move, we neglected to file an Annual report for SBG-LLC when required. We asked for and received the re-instatement form. We then paid the late filing fee and sent a check for \$200<sup>00</sup> on Dec. 17, 2003 to cover past due reports and for 2004 report. Please write and confirm we are now current through 2004. See address above -

Thank you,

D. P. Sullivan

## IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.  
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- Changes must be typed or printed in ink and legible.
- Sign report in block 11.


0004776 AT \*\*AUTO TB 0 3505 33573-587710



SBG, LLC  
1110 JASMINE CREEK COURT  
SUN CITY CENTER FL 33573-5877

- Block 1. Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6051.
- Block 2 & 3. If applicable, enter the new principal office address in Block 2. If applicable, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. If you need a certificate of status, check the BOX in Block 5 and include an additional \$5.00. All certificates will be mailed to the entity's mailing address.
- Block 6. The law requires that each entity have a Registered Agent with a **Florida street address**. If the information in Block 6 is incorrect, enter the correct information in Block 7.
- Block 7. If applicable, enter new agent's name and/or address. The registered office address must be a **Florida Street address**. A P.O. Box or mail service is NOT acceptable for service of process. THE ENTITY CANNOT SERVE AS ITS OWN REGISTERED AGENT.
- Block 8. If applicable, the new Registered Agent must sign in Block 8. No signature is necessary if the same Registered Agent is retained. **NOTE: Registered agent signature required when reinstating on this form.**
- Block 9. Block 9 contains the names and addresses of the managing members or managers last reported to our office. If blank, you must list the name and address of all managing members or managers in Block 10. Insert the letters "MGRM" in the title portion of the block for each managing member listed. Insert the letters "MGR" in the title portion of the block for each manager listed. **Please do not make any marks in Block 9 unless deleting a managing member or manager;** corrections or additions are to be made in Block 10.
- Block 10. Block 10 is for changes or additions to the existing names and addresses of the managing members or managers in Block 9. Changes must be typed or printed and legible. List all managing members or managers. Attach a separate sheet if necessary. Florida Statutes require a physical address be given. ~~The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.~~
- Block 11. **This report must be signed in Block 11** by a managing member or manager listed in Block 9, Block 10 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 11 is unacceptable.

### Mail completed report to:

  
Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

### Questions?

Phone: (850) 245-6051  
Hearing/Voice Impaired may call  
(850) 245-6096 (TDD)

#### INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

↑ Fold report so address appears in window ↑