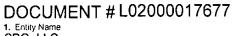
2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT





FILED May 09, 2007 8:00 am Secretary of State 05-09-2007 90027 033 ****50.00

SBG, LLC										
Principal Place of Business 1110 JASMINE CREEK CT SUN CITY CENTER, FL 33573		Mailing Address 1110 JASMINE CREEK CT SUN CITY CENTER, FL 33573								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05012007	Chg-LLC	CR2E	083 (12/06)		
City & Stat	е	City & State				4. FEI Number 14-184			 	plied For t Applicable
Zip	Country	Zip	Country	у		5. Certificate	of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered	Agent	
				Name						
1110 JASI	, ALFRED R MINE CREEK CT CENTER, FL 33573	Street Address			dress ((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 Signature, typed or printed name of registered agent and title ill applicable (NOTE: Registered Agent signature required when reinstating) DATE										
F D				-			ake check ; ida Departn	oayable to nent of State	•	
9.	MANAGING MEMBER	RS/MANAGERS	10.	٠,	,	-	ADDITION	S/CHANGE:	3	==
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMONINI, ALFRED R 1110 JASMINE CREEK C. SUN CITY CENTER, FL 33573	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	,,				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST - ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	1	T ADDRESS ST-ZIP					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with to on this report is true and accurate and	Delete this filling does not qualify for	CITY-S	T ADDRESS ST-ZIP	ntained	in Chapter 119.	Florida Statutes.	I further certi	☐ Change	Addition

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.