


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

01-23-2003 90342 022 ****50.00

DOCUMENT # L02000018096

1. Entity Name
SBW, LLC




Principal Place of Business
**2324 SOUTH CONGRESS AVE. SUITE 1J
WEST PALM BEACH FL 33408**

Mailing Address
**2324 SOUTH CONGRESS AVE. SUITE 1J
WEST PALM BEACH FL 33408**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
Name **Beth Williams**
Street Address (P.O. Box Number is Not Acceptable) **2324 South Congress Ave**
Suite 1J
City **West Palm Beach FL** Zip Code **33406**

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]* DATE **1/6/03**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WILLIAMS, BETH 2324 SOUTH CONGRESS AVE. SUITE 1J WEST PALM BEACH FL 33408 | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]* DATE: **1/17/03** DAYTIME PHONE #: **561-965-8665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CFR2E083 (10/02)