2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000019136

1. Entity Name SRR CB, LLC

Principal Place of Business

LAUDERHILL, FL 33319 US

5500 NW 69 AVENUE

5500 NW 69 AVENUE LAUDERHILL, FL 33319

Mailing Address

FILED
Apr 27, 2004 08:00 AM
Secretary of State



04162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 06-1644341 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LITWER, BRUCE B ESQ. 5500 NW 69 AVENUE LAUDERHILL, FL 33319

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered	Agent signature required when reinstaling)	DATE	-
F	iling Fee is \$50.00 we by May 1, 2004			000000133597 04/27/04-90095-015-50.08	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR ROSENTHAL, STANLEY R 5500 NW 69 AVENUE LAUDERHILL, FL 33319				
TITLE NAME STREET ADDRESS CITY+ST-ZIP			· 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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 it made under oath, that I am a managing member or manager of the limited flability company of the reconstruction true employeered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

STANLEY R. ROSENTHAL, Mgr. STANLEY R. ROSENTHAL, Mgr.

4/25/04

954-572-2112

Date Daytime Phone #