


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000030625</b> 1. Entity Name SB EXCHANGE PROPERTY I, LLC	
---	---

Principal Place of Business 4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652	Mailing Address 4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652
---	---

**DO NOT WRITE IN THIS SPACE**



02192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-4512761	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent  MITCHELL, D. DEWEY 4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652
---

**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's signature required when renewing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, DEWEY 4532 U.S. HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000140022  
04/29/04-80143-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **4-27-04** **727 847-6556**  
Date Daytime Phone #