

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L02000030625**

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**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**



02012005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4512761**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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 signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**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

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04/14/05-80049-010 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)(f), 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

**D. DEWEY  
Mitchell**

**4-7-05**

**727-847-6556**

Date

Daytime Phone #