## 2004 LIMITED LABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L02000030944**

SB PAPPAS EXCHANGE PROPERTY, LLC



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

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



02192004 No Chg-LLC

CR2E083 (10/03)

Applied For 4. FEI Number 16-1639605 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

SIGNATURE AND TYPED OR PRINTED NAME OF

## DO NOT WRITE IN THIS SPACE

			• •	a a competition of the same states
8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent	nging its register	L. ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE		d Agent signature required when reinstating)	DATE	
F D	iling Fee is \$50.00 ue by May 1, 2004	"		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	T MITCHELL, DEWEY D 4532 U.S HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652	-		000000140026 04/23/84-80143-018 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
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TITLE NAME STREET ADDRESS GITY-ST-ZiP				
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not q on this report is true and accurate and that my signature sh billiny company offine receiver or trustee empowered to exec	jualify for the exer all have the same oute this report as	mption stated in Section 119.07(3) legal effect as if made under oatl required by Chapter 608, Florida	(I), Florida Statutes I further certify that the information h; that I am a managing member or manager of the Statutes

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE