


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90148 021 \*\*\*\*50.00

<b>DOCUMENT # L03000003613</b>					
<b>1. Entity Name</b> S&B, LLC					
<b>Principal Place of Business</b> C/O JOSEPH L. FORDHAM 2950 PIERSON RD. WEST PALM BEACH, FL 33414			<b>Mailing Address</b> C/O JOSEPH L. FORDHAM 2950 PIERSON RD. WEST PALM BEACH, FL 33414		
<b>2. Principal Place of Business</b> 11496 PIERSON RD Suite, Apt. #, etc SUITE C-13		<b>3. Mailing Address</b> P.O. Box. Suite, Apt. #, etc #210969.			
<b>City &amp; State</b> WELLINGTON FLORIDA		<b>City &amp; State</b> ROYAL PALM BCH FL.		<b>4. FEI Number</b> 30-3671775	
<b>Zip</b> 33414		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FORDHAM, JOSEPH L 2950 PIERSON RD. WEST PALM BEACH, FL 33414			<b>7. Name and Address of New Registered Agent</b> Name <u>SAME (NEW ADDRESS)</u> Street Address (P.O. Box Number is Not Acceptable) 11496 PIERSON RD. SUITE C-13. City <u>WELLINGTON</u> <b>FL</b> Zip Code <u>33414</u>		
<b>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.</b> SIGNATURE <u>Joseph L Fordham</u> DATE <u>2/6/06</u> <small>Signature, typed or printed name of registered agent, etc. if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM FORDHAM, JOSEPH L 2950 PIERSON RD. WEST PALM BEACH, FL 33414	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	11496 PIERSON RD C-13. WELLINGTON FL 33414.	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM JAHIED, LLC 808 SAGE AVE, C/O RONALD A WARD WELLINGTON, FL 33414	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Joseph L Fordham</u>			Date <u>2/6/06</u> Daytime Phone # <u>561-793-8787</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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