

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90034 025 ****50.00

DOCUMENT # L03000011051

1. Entity Name
SB BOCA VILLAGE, LLC



Principal Place of Business

5000 T-REX AVE
STE 150
BOCA RATON, FL 33431

Mailing Address

5000 T-REX AVE
STE 150
BOCA RATON, FL 33431

20042779



03062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0083325

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, LOUISE J
200 E. BROWARD BLVD.
SUITE 1900
FT. LAUDERDALE, FL 33301

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME S.R.B.V. C/O NED L SIEGEL
STREET ADDRESS 5000 T-REX AVE STE 150
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGRM
NAME BUTLERS, MALCOLM
STREET ADDRESS 1096 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

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

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ned L. Siegel

4/28/06

561 998-3705

ATTACHMENT

20042779

5000 T-Rex Avenue, Suite 150
Boca Raton, FL 33431
Tel: (561) 998-9200 Fax: (561) 998-7882

VIA CERTIFIED MAIL – 7006 0100 0002 3717 5887

April 27, 2006

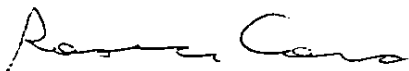
Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

RE: Annual Report - 2006

Enclosed, please find the below listed entities payment(s) for the annual report, as follows:

<u>Entity</u>	<u>Document #</u>	<u>Payment</u>
Worthing Holdings, LLC	L05000090495	\$ 50.00
SRG Wellington, LLC	L05000018869	\$ 50.00
SRBV, LLC	L03000018732	\$ 50.00
SB Boca Village, LLC	L03000011051	\$ 50.00
J3 Consulting Group, LLC	L05000118146	\$ 50.00

Very truly yours,



Roseann Coraci