


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000026382 1. Entity Name SB-2, LLC	<b>LO3000026382</b> <b>LO3000026382</b>	
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Principal Place of Business 110 SPOONBILL ROAD MANALAPAN, FL 33462	Mailing Address 110 SPOONBILL ROAD MANALAPAN, FL 33462
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03102005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-1181405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOHNATHAN J. LICHTMAN, P.A.  
120 EAST PALMETTO PARK ROAD, SUITE 100  
BOCA RATON, FL 33432

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

U00000271966  
03/21/05-80067-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EINAUGLER, RICHARD B 110 SPOONBILL ROAD MANALAPAN, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EINAUGLER, CAROLE F 110 SPOONBILL ROAD MANALAPAN, FL 33462
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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:** *Richard B. Einaugler* **RICHARD B. EINAUGLER** 3/14/05 (561) 582-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #