
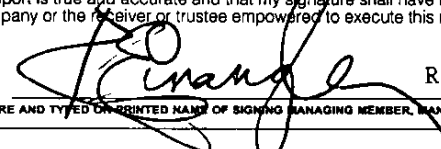


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90073 010 ****50.00

DOCUMENT # L03000026382			
1. Entity Name SB-2, LLC			
Principal Place of Business 110 SPOONBILL ROAD MANALAPAN, FL 33462		Mailing Address 110 SPOONBILL ROAD MANALAPAN, FL 33462	
2. Principal Place of Business 16466 Brookfield Estates Way		3. Mailing Address 16466 Brookfield Estates Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, Florida		City & State Delray Beach, Florida	
Zip 33446	Country USA	Zip 33446	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNATHAN J. LICHTMAN, P.A. 120 EAST PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EINAUGLER, RICHARD B 110 SPOONBILL ROAD MANALAPAN, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EINAUGLER, RICHARD B. 16466 Brookfield Estates Way Delray Beach, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EINAUGLER, CAROLE F 110 SPOONBILL ROAD MANALAPAN, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EINAUGLER, CAROLE F. 16466 Brookfield Estates Way Delray Beach, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		RICHARD B. EINAUGLER <i>1/24/06</i> (561) 637-6852	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	