




**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90199 043 \*\*\*\*55.00

DOCUMENT # L03000030823			
1. Entity Name SBI REALTY, LLC			
Principal Place of Business 828 WASHINGTON AVE. MIAMI BEACH, FL 33139		Mailing Address 828 WASHINGTON AVE. MIAMI BEACH, FL 33139	
2. Principal Place of Business 6819 Biscayne Blvd Suite, Apt. #, etc.		3. Mailing Address 6819 Biscayne Blvd Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33138		Country	
4. FEI Number 65-0970376		20-0525018	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent COWAN, KEVIN D C/O SHUTTS & BOWEN LLP 201 S. BISCAYNE BLVD, STE 1500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: Diane Lieberman Street Address (P.O. Box Number is Not Acceptable) 19955 NE 38th Ct City: Aventura FL Zip Code: 33180	
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: _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTH BEACH INVESTMENT REALTY 828 WASHINGTON AVENUE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diane Lieberman 19955 NE 38th Ct Aventura, FL 33180 <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
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 exemption stated in Section 119.07(3)(i), 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: 		Date: 1/27/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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