

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90132 025 ***150.00

DOCUMENT # L03000030823

1. Entity Name

SBI REALTY, LLC



Principal Place of Business

**6819 BISCAYNE BLVD
MIAMI FL 33138**

Mailing Address

**6819 BISCAYNE BLVD
MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

828 WASHINGTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

Country

Zip

Country

33139

USA

4. FEI Number

20-0525018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIEBERMAN, DIANE
19955 NE 38TH CT
AVENTURA FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

828 WASHINGTON AVE

City

MIAMI BEACH, FL

State

Zip Code

33139

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
NAME **LIEBERMAN, DIANE**
STREET ADDRESS **19955 NE 38 CT**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DIANE LIEBERMAN**
STREET ADDRESS **828 WASHINGTON AVE**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

POSTED

2/1/06

305-532-7771