

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034933

1. Entity Name
SB ASSOCIATES, LLC



05 APR 29 AM 10:11

Principal Place of Business

1375 W. CANAL ST
BELLE GLADE, FL 33430 US

Mailing Address

1375 W. CANAL ST
BELLE GLADE, FL 33430 US

2. Principal Place of Business

786 Via Pospna
Suite, Apt. #, etc.
Wellington FL
City & State

3. Mailing Address

Same
City & State

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0235081

Applied For
Not Applicable

Zip
33414

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PRESCOTT, WILLIAM P JR~~
~~370 SW 100TH AVE~~
DAVIE, FL 33330

7. Name and Address of New Registered Agent

Name: Ismael Sene
Street Address (P.O. Box Number is Not Acceptable)
786 Via Pospna
City: Wellington FL Zip Code: 33414

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: PRESCOTT, WILLIAM P ☒ Delete
STREET ADDRESS: 1375 W. CANAL ST
CITY-ST-ZIP: BELLE GLADE, FL 33430

TITLE: ☐ Delete
NAME: MGR Ismael Sene
STREET ADDRESS: 786 Via Pospna
CITY-ST-ZIP: Wellington FL 33414

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☐ Addition
NAME: 200054032562
STREET ADDRESS: 05/09/05--01004--006 **55.00
CITY-ST-ZIP:

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

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

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 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:

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

Date

Daytime Phone #