2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L03000049137

Entity Name: SRB PROPERTIES,LLC

Current Principal Place of Business:

2849 SW BRIGHTON WAY
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

2849 SW BRIGHTON WAY
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 33-1077137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGNER, ROBERT J
2849 SW BRIGHTON WAY
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WAGNER, ROBERT J
Address: 2849 SW BRIGHTON WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: MGRM ( ) Delete
Name: MARRINELLI, SALLY A
Address: 1808 WALDORF DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM ( ) Delete
Name: WAGNER, BETH P
Address: 2849 SW BRIGHTON WAY
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MARRINELLI, SALLY A
Address: 1305 MYSTIC WAY
City-St-Zip: WELLINGTON, FL 33414 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT J WAGNER MGRM 04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date