2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000005317

S.B. CAPITAL INVESTMENTS, LLC



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

5 COOLWATER LANE NICEVILLE, FL 32578 Mailing Address

5 COOLWATER LANE NICEVILLE, FL 32578



04162007 No Chg-LLC

CR2E083 (11/05)

| Number 3-1725186 |
|-------------------------|
| |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| 6. | Name | and | Address | of | Current | Re | aistered | Agent |
|----|------|-----|---------|----|---------|----|----------|-------|
|----|------|-----|---------|----|---------|----|----------|-------|

SWANICK, CHRISTA L 1201 EGLIN PARKWAY SHALIMAR, FL 32579

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| | named entity submits this statement for the purpose of cha lions of registered agent. | nging its registered office or registered agent, or both | , in the State of Florida. I am familiar with, and accept |
|---------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | (NOTE, Registered Agent signalure required when reinstating) | DATE |
| FI | iling Fee is \$50.00 _ ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SUMMERLIN, MICHAEL S 5 COOLWATER LANE NICEVILLE, FL 32578 | | 000000745484 05/16/07-80031-001 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BLALOCK, JAMES M 1015 STANLEY LANE BAKER, FL 32531 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GANN, BILLY 316 RUE DIANNE MARY ESTHER, FL 32569 | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS | | IN T | THIS SPACE |

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:

City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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