2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000020372

1. Entity Name SBB EQUITY, LLC

Principal Place of Business



2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431 Mailing Address

2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431

FILED Mar 12, 2007 08:00 A Secretary of State



02052007 No Chg-LLC

CR2E083 (11/05)

561-392-6662

Daytime Phone #

4.	FEI Number		Applied For
	20-0875794		Not Applicable
5.	Certificate of Status Desired	\$5.0 Fee R	Additronal uired

6. Name and Address of Current Registered Agent

GREENFIELD, WILLIAM R 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431

SIGNATURE:

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	named entity submits this statement for the purpose of chai ions of registered agent	nging its registered office or registered agent, or bot	h, 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 signature required when reinstating)	DATE
Fi	ling Fee is \$50.00 ue by May 1, 2007	Front Separation spiritual actions at the second	
	·		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM GREENFIELD, WILLIAM R 2300 GLADES RD, STE 100E BOCA RATON, FL 33431		
TITLE NAME STREET ADDRESS City-ST-ZIP			U00000662504 03/21/07-80015-014 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN -	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature solidity company or the receiver or trustee empowered to except the second of the company of the receiver or trustee empowered to except the company of the receiver or trustee empowered to except the company of the receiver or trustee.	qualify for the exemptions contained in Chapter 11 shall have the same legal effect as if made under o ecute this report as required by Chapter 608, Florid	Florida Statutes. I further certify that the information ath; that I am a managing member or manager of the a Statutes

William R. Greenfield

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