

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020929

Entity Name: S & B DEVELOPMENT, LLC

FILED
May 18, 2006
Secretary of State

Current Principal Place of Business:

5875 STANDING OAKS LANE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

5875 STANDING OAKS LANE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 06-1719954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SUNDALL, SHAWN
723 110TH AVE NORTH
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

SUNDALL, SHAWN
532 CARPENTER COURT
NAPLES, FL 34110 US

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: SHAWN SUNDALL

05/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUNDALL, SHAWN
Address: 723 110TH AVE NORTH
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: BABB, CHARLES DAVID JR
Address: 5875 STANDING OAKS LANE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUNDALL, SHAWN
Address: 532 CARPENTER COURT
City-St-Zip: NAPLES, FL 34110

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: SHAWN SUNDALL

MGRM

05/18/2006

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