

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90291 023 ****50.00

DOCUMENT # L04000031809

1. Entity Name

SANTA BARBARA PLACE, LLC



Principal Place of Business

Mailing Address

1937 EAST ATLANTIC BLVD., SUITE 12
POMPANO BEACH FL 33060

1937 EAST ATLANTIC BLVD., SUITE 12
POMPANO BEACH FL 33060



2. Principal Place of Business

3. Mailing Address

Suite, Apt CHANGE of Place of Business & Mailing Address.

2101 N Andrews Ave, Suite 107

City & St Wilton Manors, FL 33311

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1740952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEN, EVE WAGNER

2101 N Andrews Ave, Suite 403

Wilton Manors, FL 33311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KOPLOWITZ, JOSEPH
STREET ADDRESS 19955 NORTHEAST 38TH COURT SUITE 2601
CITY-ST-ZIP AVENTURA FL 33180

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

TITLE MGRM ☐ Delete
NAME LEWIN, ISRAEL
STREET ADDRESS 2800 ISLAND BOULEVARD
CITY-ST-ZIP AVENTURA FL 33160

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

TITLE MGR ☐ Delete
NAME BEASON, JAMES M JR.
STREET ADDRESS 1937 EAST ATLANTIC BOULEVARD SUITE 9
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☒ Change ☐ Addition
NAME 2101 N Andrews Ave, Suite 107
STREET ADDRESS Wilton Manors, FL 33311
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 exemptions contained in Section 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: *[Signature]*

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

3/10/2006

Date

954-583-8953

Daytime Phone #