2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# L04000031809

Entity Name: SANTA BARBARA PLACE, LLC

Current Principal Place of Business:

2101 NORTH ANDREWS AVE
SUITE 107
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

2101 NORTH ANDREWS AVE
SUITE 107
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 20-1740952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSEN, EVE WAGNER
2101 NORTH ANDREWS AVE
SUITE 107
WILTON MANORS, FL 33311 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:	MGR	( ) Delete
Name:	KOPLOWITZ, JOSEPH	
Address:	19955 NORTHEAST 38TH COURT SUITE 2601	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGRM	( ) Delete
Name:	LEWIN, ISRAEL	
Address:	2800 ISLAND BOULEVARD	
City-St-Zip:	AVENTURA, FL 33160	
Title:	MGR	( ) Delete
Name:	BEASON, JAMES M JR	
Address:	2101 NORTH ANDREWS AVE SUITE 107	
City-St-Zip:	WILTON MANORS, FL 33311	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RICHARD CALABRIA CONT 04/09/2007

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