## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Apr 24, 2006 08:00 AN Secretary of State

DOCUMENT # L04000039495  1. Entity Name SBC ENTERPRISES, LLC				Secre	ctary or State
	e of Business RVATION ROAD E, FL 32312	Mailing Address 7918 PRESERVATION ROAD TALLAHASSEE, FL 32312			NO CITIN COSTI DISTOS JOSOS ALIGURA LICENZA
DO NOT WRITE IN THIS SPACE			<b>CE</b>	4. FEI Number 56-2452232	CR2E083 (11/05)  Applied For Not Applicable  \$5.00 Additional Fee Required
BATEMAN, FREDERICK L JR 300 EAST PARK AVENUE TALLAHASSEE, FL 32301  8. The above named entity submits this statement for the purpose of changing its registere			DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent artifling Fee is \$50.00 use by May 1, 2006		ed office or register		. I am familiar with, and accept
9.	MANAGING MEMBER	RS/MANAGERS		<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR CHIN, PATRICIA M 7918 PRESERVATION RD TALLAHASSEE, FL 32312	,		05/06/06-800	145 52-024 50.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT WR	- <del></del>
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP		<u> 22. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information capplied with	this filing does not qualify for the ea	comptions contains	d in Chapter 118, Florida Statutes. I fur	ther certify that the information
indicatéd limited lia	certify that the information solphied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have the sall empowered to execute this report	me legal effect as it as required by Cha	f made under cath; that I am a managi pter 608, Florida Statutes.	ng member or manager of the