## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000041225

City-St-Zip: ESTELL MANOR, NJ 08319 US

Entity Name: 3022 SE SANTA BARBARA PLACE, LLC

FILED Jan 11, 2008 Secretary of State

| Current Principal Place of Business:        |  |                                  | New Principal Place of Business:            |  |
|---|--|----------------------------------|---|--|
|   | SANTA BARBA<br>RAL, FL 3390                          |                                  |   |  |
| Current Mailing Address:                    |  |                                  | New Mailing Address:                        |  |
| 32 S. TEN                                   | ERFOX TOURS<br>NESSEE AVE<br>CITY, NJ 084            | NUE - SUITE 200                  |   |  |
| FEI Number: 20-1186410 FEI Number           |  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )      |
| Name and                                    | Address of C   | Current Registered Agent:        | Name and Address                            | of New Registered Agent:               |
|   | S, DAVID<br>SANTA BARBA<br>RAL, FL 3390              |                                  |   |  |
|   | e named entity<br>e of Florida.                      | submits this statement for the p | ourpose of changing its registere           | ed office or registered agent, or both |
| SIGNATU                                     | RE:  |                                  |   |  |
|   | Electron   | nic Signature of Registered Age  | ent   | Date                                   |
| MANAGING MEMBERS/MANAGERS:                  |  |                                  | ADDITIONS/CHANGES:                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGR (<br>WILLIAMS, DA<br>100 EAST UPL<br>GALLOWAY, N | AND AVENUE                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |
| Title:<br>Name:                             | MGRM (<br>WILLIAMS, FR                               |                                  | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID F WILLIAMS MR 01/11/2008