


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90052 002 \*\*\*\*50.00

<b>DOCUMENT # L04000063610</b>		
1. Entity Name SANTA BARBARA HEIGHTS LLC		
Principal Place of Business 1903 SOUTH CONGRESS AVENUE, SUITE 160 BOYNTON BEACH, FL 33426	Mailing Address 1903 SOUTH CONGRESS AVENUE, SUITE 160 BOYNTON BEACH, FL 33426	

40004000



3200 N FEDERAL HWY #121  
BOCA RATON, FL 33431

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BOCA RATON, FL 33431

01162006 Chg-LLC CR2E083 (11/05)

1. FEI Number 74-3129389	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LUCIANI, JOHN W III 1903 SOUTH CONGRESS AVENUE, SUITE 160 BOYNTON BEACH, FL 33426	7. Name and Address of New Registered Agent LUCIANI, JOHN W III 3200 N FEDERAL HWY #121 BOCA RATON, FL 33431 Zip Code
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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  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCIANI, JOHN W III 1903 S CONGRESS AVE. STE 160 BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET CITY-ST	MGRM LUCIANI, JOHN W III 3200 N FEDERAL HWY #121 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUCIANI, DORIAN 1903 S CONGRESS AVE. SUITE 160 BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	MGR LUCIANI, DORIAN 3200 N FEDERAL HWY #121 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JOHN LUCIANI

1/16/06

561-544-1501