## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90067 006 \*\*\*\*50 00

DOCUMENT # L04000083928  1. Entity Name SBMA LLC						04-29-2003 90	106 / 006 **	***30.00	
Principal Place of Business 140 N.E. 119 STREET MIAMI, FL 33161		Mailing Address 140 N.E. 119 STREET MIAMI, FL 33161		14011927					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112005	Chg-LLC	CR2E083	3 (10/03)		
City & State		City & State		4. FEI Numb	89-745	 3	<del></del>	plied For Applicable	
Zip	Country Zip		Country			e of Status Desired	□ \$	5.00 Add	itional
	6. Name and Address of Current	Registered Agent	<u></u>	T	7. Name and	d Address of New R	legistered Ag	ent	
				Name					
DANIELS, SHARI 140 N.E. 119 STREET MIAMI, FL 33161				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33161								
				City	<u>.</u>		FL	Zip Code	<u> </u>
	named entity submits this statement for ions of registered agent.	or the purpose of changing to	register	ed office or regist	ered agent, or bo	oth, in the State of Flo	orida. I am far	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	E Registere	ed Agent signature requi	red when reinstating)		DATE:		
Fi Di	iling Fee is \$50.00 ue by May 1, 2005						e check pay Departmer		
Di	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBI	ERS/MANAGERS	10.			Florida	Departmer		
9.	ue by May 1, 2005	<del></del> -	<b>10.</b>				Department CHANGES		Addition
9.	ue by May 1, 2005  MANAGING MEMBI	ERS/MANAGERS		E		Florida	Department CHANGES	nt of State	
9.	we by May 1, 2005  MANAGING MEMBI	<del></del> -	TITL	E		Florida	Department CHANGES	nt of State	
9. TITLE NAME	MANAGING MEMBI MGR DANIELS, SHARI	<del></del> -	TITL NAM STRE	E 1E		Florida	Department CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBI MANAGING MEMBI MGR DANIELS, SHARI 140 NE 119 STREET	<del></del> -	TITL NAM STRE	E ME EET ADDRESS (-ST-ZIP		Florida	CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBI MGR DANIELS, SHARI 140 NE 119 STREET MIAMI, FL 33161 MGR DANIELS, JACOB	☐ Delete	TITL NAM STRE CITY TITL NAM	E HE FET ADDRESS (-ST-ZIP E		Florida	CHANGES	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGR DANIELS, SHARI 140 NE 119 STREET MIAMI, FL 33161 MGR DANIELS, JACOB 310 HILLSIDE COURT	☐ Delete	TITL NAM STRE CITY TITL NAM STRE	E  SET ADDRESS  (-ST-ZIP  E  SET ADDRESS		Florida	CHANGES	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGR DANIELS, SHARI 140 NE 119 STREET MIAMI, FL 33161 MGR DANIELS, JACOB 310 HILLSIDE COURT KINGSLAND, GA 31548	☐ Delete	TITL NAM STRE CITY TITL NAM STRE CITY	E  AE  EET ADDRESS  (-ST-ZIP  E  AE  EET ADDRESS  (-ST-ZIP		Florida	a Departmen	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	MANAGING MEMBI MGR DANIELS, SHARI 140 NE 119 STREET MIAMI, FL 33161 MGR DANIELS, JACOB 310 HILLSIDE COURT KINGSLAND, GA 31548 MGR	☐ Delete	TITL NAM STRE CITY TITL NAM STRE CITY - TITL	E  AE  EET ADDRESS  (-ST-ZIP  E  AE  EET ADDRESS  (-ST-ZIP  EET ADDRESS  EET ADDRESS  EET ADDRESS  EET ADDRESS  EET ADDRESS		Florida	a Departmen	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITY-ST-ZIP TITLE NAME	MANAGING MEMBI MGR DANIELS, SHARI 140 NE 119 STREET MIAMI, FL 33161 MGR DANIELS, JACOB 310 HILLSIDE COURT KINGSLAND, GA 31548 MGR DANIELS, JOSEPH	☐ Delete	TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM NAM	E  AE  EET ADDRESS  (-ST-ZIP  E  AE  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  EET ADDRESS  EET ADDRESS  EET ADDRESS  EET ADDRESS		Florida	a Departmen	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	MANAGING MEMBI MGR DANIELS, SHARI 140 NE 119 STREET MIAMI, FL 33161 MGR DANIELS, JACOB 310 HILLSIDE COURT KINGSLAND, GA 31548 MGR	☐ Delete	TITL NAM STRICT LITT NAM STRICT TITL NAM STRICT TITL NAM STRICT S	E  AE  EET ADDRESS  (-ST-ZIP  E  AE  EET ADDRESS  (-ST-ZIP  EET ADDRESS  EET ADDRESS  EET ADDRESS  EET ADDRESS  EET ADDRESS		Florida	a Departmen	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBI MGR DANIELS, SHARI 140 NE 119 STREET MIAMI, FL 33161 MGR DANIELS, JACOB 310 HILLSIDE COURT KINGSLAND, GA 31548 MGR DANIELS, JOSEPH 105 NEW YORK AVE.	Delete Delete	TITL NAM STRICT LITT NAM STRICT TITL NAM STRICT TITL NAM STRICT S	E  EET ADDRESS (-ST-ZIP)  E  AE  EET ADDRESS (-ST-ZIP)  E  AE  EET ADDRESS (-ST-ZIP)  E  AE  EET ADDRESS (-ST-ZIP)		Florida	a Departmen	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGR DANIELS, SHARI 140 NE 119 STREET MIAMI, FL 33161 MGR DANIELS, JACOB 310 HILLSIDE COURT KINGSLAND, GA 31548 MGR DANIELS, JOSEPH 105 NEW YORK AVE.	☐ Delete	TITL NAM STRICT TITL NAM	E HE		Florida	a Departmen	change Change	Addition  Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBI MGR DANIELS, SHARI 140 NE 119 STREET MIAMI, FL 33161 MGR DANIELS, JACOB 310 HILLSIDE COURT KINGSLAND, GA 31548 MGR DANIELS, JOSEPH 105 NEW YORK AVE.	Delete  Delete  Delete	TITL NAM STRICT TITL TITL TITL TITL TITL TITL TITL T	E  EEI ADDRESS (-ST-ZIP  E  AE  EEI ADDRESS (-ST-ZIP  E  E  EEI ADDRESS (-ST-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E		Florida	a Departmen	change  Change  Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACT TO THE TOTAL T	MANAGING MEMBI MGR DANIELS, SHARI 140 NE 119 STREET MIAMI, FL 33161 MGR DANIELS, JACOB 310 HILLSIDE COURT KINGSLAND, GA 31548 MGR DANIELS, JOSEPH 105 NEW YORK AVE.	Delete Delete Delete Delete	TITL NAM STRICTITY STRICTITY NAM STRICTITY STRICTITY STRICTITY NAM STRICTITY STRICT STRICTTY STRICT STRICT STRICT ST	E  EEI ADDRESS (-ST-ZIP  E  AE  EEI ADDRESS (-ST-ZIP  E  E  EEI ADDRESS (-ST-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E		Florida	a Departmen	change  Change  Change	Addition  Addition  Addition  Addition

11. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

1/18/05

305-754-2229

Daysme Phone if