2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000083928

1. Entity Name
SBMA LLC

FILED

2007 APR 30 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
140 N.E. 119 STREET MIAMI, FL 33161	140 N.E. 119 STREET MIAMI, FL 33161

04062007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1897453
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, SHARI
140 N.E. 119 STREET
MIAMI, FL 33161

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

800101462748
05/04/07--01005--002 **550.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DANIELS, SHARI
STREET ADDRESS	140 NE 119 STREET
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	MGR
NAME	DANIELS, JACOB
STREET ADDRESS	310 HILLSIDE COURT
CITY-ST-ZIP	KINGSLAND, GA 31548
TITLE	MGR
NAME	DANIELS, JOSEPH
STREET ADDRESS	105 NEW YORK AVE.
CITY-ST-ZIP	ALAMOGORDO, NM 88310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Shari Daniels 4-16-07 305-754-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #