2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# L04000083928

Entity Name: SBMA LLC

Current Principal Place of Business:

140 N.E. 119 STREET
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

140 N.E. 119 STREET
MIAMI, FL 33161

New Mailing Address:

FEI Number: 20-1897453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DANIELS, SHARI
Address: 140 NE 119 STREET
City-St-Zip: MIAMI, FL 33161

Title: MGR ( ) Delete
Name: DANIELS, JACOB
Address: 310 HILLSIDE COURT
City-St-Zip: KINGSLAND, GA 31548

Title: MGR ( ) Delete
Name: DANIELS, JOSEPH
Address: 105 NEW YORK AVE.
City-St-Zip: ALAMOGORDO, NM 88310

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: DANIELS, JACOB
Address: 431 TAMMIE AVENUE
City-St-Zip: GOOSE CREEK, SC 29445

Title: MGR (X) Change ( ) Addition
Name: DANIELS, JOSEPH
Address: 5391 CASTLEVIEW DRIVE NW
City-St-Zip: ROCHESTER, MN 55901

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: SHARI DANIELS PRES 03/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date