


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L04000085639 | |  |
| 1. Entity Name SARBEZ, LLC | | |

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 3:57

| | |
|---|---|
| Principal Place of Business 8499 S. TAMiami TRAIL #259 SARASOTA, FL 34238 | Mailing Address 8499 S. TAMiami TRAIL #259 SARASOTA, FL 34238 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 6204 CLARK CENTER AVE | 3. Mailing Address Suite, Apt. #, etc. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

07132007 Chg-LLC CR2E083 (12/06)

| | |
|------------------------------|----------------|
| City & State SARASOTA, FL | City & State |
| Zip 34238 | Country USA |

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| 4. FEI Number 20-2042883 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BUSTARD, R. DAVID 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 | |
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|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 September 14, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SARBEZ LLC 8499 S. TAMiami TRAIL #259 SARASOTA, FL 34238 <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 |
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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 |

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: T. NEIL DEAN T. Neil Dean 8/6/07 941-921-1086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #