

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90292 009 \*\*\*\*50.00

**DOCUMENT # L04000088766**

1. Entity Name

SANTA BARBARA PLACE II, LLC.



Principal Place of Business

1937 EAST ATLANTIC BOULEVARD  
SUITE 9  
POMPANO BEACH FL 33060  
US

Mailing Address

1937 EAST ATLANTIC BOULEVARD  
SUITE 9  
POMPANO BEACH FL 33060  
US



2. Principal Place of Business

2101 N. ANDREWS AVE  
Suite Apt. #, etc.  
403

3. Mailing Address

2101 N. ANDREWS AVE  
Suite Apt. #, etc.  
403

1st MOORE

CR2E083 (10/05)

City & State

WILTON MANORS, FL

City & State

WILTON MANORS, FL

4. FEI Number

11-3740044

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAGNER ROSEN, EVE  
33 NE 2ND STREET, SUITE 101  
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2101 NORTH ANDREWS AVE  
SUITE 403

City

WILTON MANORS

FL

Zip Code

33311

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BRIKEN, HENRIK  
STREET ADDRESS 929 SOUTHEAST 10 COURT  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE MGRM ☐ Delete  
NAME CABBA, LLC.  
STREET ADDRESS 1937 EAST ATLANTIC BOULEVARD SUITE 9  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE MGR ☐ Delete  
NAME NICO DEVELOPMENT, INC.  
STREET ADDRESS 1937 EAST ATLANTIC BOULEVARD SUITE 9  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2101 NORTH ANDREWS AVE - STE 107  
CITY-ST-ZIP WILTON MANORS, FL 33311

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2101 NORTH ANDREWS AVE - STE 403  
CITY-ST-ZIP WILTON MANORS FL 33311

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2101 NORTH ANDREWS AVE - STE 107  
CITY-ST-ZIP WILTON MANORS FL 33311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

3/7/06

9545638953

Date

Daytime Phone #