## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001096

Entity Name: SBCH, LLC

FILED Feb 27, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8190 JOG ROAD 8190 JOG ROAD 210

210

BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33472

**Current Mailing Address: New Mailing Address:** 

8190 JOG ROAD 8190 JOG ROAD

210 210 BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33472

FEI Number: 11-3738212 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HESCHELES, CRAIG M DR. HESCHELES, CRAIG M DR. 9776 GRAND VERDE WAY 4865 OXFORD WAY US 707 BOCA RATON, FL 33434

BOCA RATON, FL 33428 US

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: 02/27/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition () Delete HESCHELES, CRAIG M DR HESCHELES, CRAIG M DR Name: Name:

Address: 9776 GRAND VERDE WAY #707 Address: 4865 OXFORD WAY BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33428 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change ( ) Addition Name: HESCHELES, SARA Name: HESCHELES, SARA

Address: 9776 GRAND VERDE WAY #707 Address: 4865 OXFORD WAY City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33434

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: CRAIG HESCHELES 02/27/2008