


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 15, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90040 030 \*\*\*\*50.00

**DOCUMENT # L05000015646**

1. Entity Name  
**SB WELLINGTON, LLC**



Principal Place of Business      Mailing Address  
**1096 EAST NEWPORT CENTER DRIVE, SUITE 100**      **1096 EAST NEWPORT CENTER DRIVE, SUITE 100**  
**DEERFIELD BEACH, FL 33442**      **DEERFIELD BEACH, FL 33442**

**30010412**



2. Principal Place of Business      3. Mailing Address  
**6820 LYONS TECHNOLOGY CIRCLE**      **6820 LYONS TECHNOLOGY CIRCLE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#100**      **#100**

03072006    Chg-LLC    CR2E083 (11/05)

City & State      City & State  
**COCONUT CREEK, FL.**      **COCONUT CREEK, FL.**  
 Zip      Zip      Country      Country  
**33073**      **USA**      **33073**      **USA**

4. FEI Number      Applied For  
**00-1130633**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BUTTERS, MALCOLM**  
**1096 EAST NEWPORT CENTER DRIVE, SUITE 100**  
**DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent  
 Name **Malcolm Butters**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6820 LYONS TECHNOLOGY CIRCLE, #100**  
 City **COCONUT CREEK**      State **FL**      Zip Code **33073**

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      **M. BUTTERS**      DATE **04/28/06**  
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, 2006**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>Malcolm Butters</b>	
STREET ADDRESS <b>6820 Lyons Tech Cir. #100</b>	
CITY-ST-ZIP <b>COCONUT CREEK, FL 33073</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Malcolm Butters</b>	
STREET ADDRESS <b>6820 Lyons Tech Cir. #100</b>	
CITY-ST-ZIP <b>COCONUT CREEK, FL 33073</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:      **M. BUTTERS**      DATE **04/28/06**      DAYTIME PHONE # **954-570-4111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #