

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016814

Entity Name: SBS RIVERFRONT, LLC

FILED  
Jan 13, 2006  
Secretary of State

## Current Principal Place of Business:

462 VALLEY STREAM DRIVE  
GENEVA, FL 32732

## New Principal Place of Business:

## Current Mailing Address:

462 VALLEY STREAM DRIVE  
GENEVA, FL 32732

## New Mailing Address:

FEI Number: 20-2368820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, W. GRAHAM  
250 PARK AVENUE SOUTH, 5TH FLOOR  
WINTER PARK, FL 32789 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition  
Name: BOLT, PRESTON L  
Address: 462 VALLEY STREAM DRIVE  
City-St-Zip: GENEVA, FL 32732 US

Title: MR. ( ) Change (X) Addition  
Name: STORY, JAMES E JR.  
Address: 125 LAMORAK LANE  
City-St-Zip: MAITLAD, FL 32751 US

Title: MR. ( ) Change (X) Addition  
Name: STORY, JACOB J  
Address: 3609 S. THATCHER AVE  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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: PRESTON L. BOLT

MR.

01/13/2006

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