

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021254

Entity Name: SBWB, LLC

FILED
Mar 30, 2006
Secretary of State

Current Principal Place of Business:

357 CORAL WAY
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

357 CORAL DRIVE
CAPE CANAVERAL, FL 32920

Current Mailing Address:

357 CORAL WAY
CAPE CANAVERAL, FL 32920

New Mailing Address:

357 CORAL DRIVE
CAPE CANAVERAL, FL 32920

FEI Number: 20-2429048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER D. NILES PA
3012 EAST COMMERCIAL BLVD.
SUITE 200
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

HAMLIN, DAN W MGRM
357 CORAL DRIVE
CAPE CANAVERAL, FL 32920 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: DAN W. HAMLIN

03/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAMLIN, DAN W
Address: 357 CORAL DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGR () Delete
Name: HAMLIN, SALLY J
Address: 357 CORAL DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAMLIN, DAN W
Address: 357 CORAL DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAN W. HAMLIN

MGRM

03/30/2006

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