

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021963

Entity Name: SLB&B OF WAUCHULA L.L.C.

FILED  
May 30, 2006  
Secretary of State

**Current Principal Place of Business:**

6281 S.W. 5TH PLACE  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

6281 S.W. 5TH PLACE  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 20-2654033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SUKHWA, KEN V  
6281 S.W. 5TH PLACE  
PLANTATION, FL 33317      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:

**ADDITIONS/CHANGES:**

Title: MGMR ( ) Change (X) Addition  
Name: SUKHWA, KEN V MR  
Address: 6281 SW 5 TH PLACE  
City-St-Zip: PLANTATION, FL 33317

Title: MGMR ( ) Change (X) Addition  
Name: BALKARAN, LUTCHMAN  
Address: 101 SW 63 TH AVE  
City-St-Zip: PLANTATION, FL 33317

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: KEN V SUKHWA

MR

05/30/2006

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