2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000024722

1. Entity Name

SBR PROPERTIES, LLC



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1300 N. FEDERAL HIGHWAY, SUITE #207 BOCA RATON, FL 33432 1300 N. FEDERAL HIGHWAY, SUITE #207 BOCA RATON, FL 33432



01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, MORRIE R 3398 N.W. 53RD CIRCLE BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

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.				
SIGNATI				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when rainstaling)	DATE	
	Filing Fee is \$50.00 Due by May 1, 2007		U00000589727 01/18/07-80027-016 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	RUBIN, MORRIE R
STREET ADDRESS	3398 NW 53RD CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33496
THLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	•
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SNATURE AND TYPED OR PONT

D NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/6/1

561-3024153

Daytime Phone #