2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 19, 2007 08:00 AM Secretary of State DOCUMENT # L05000030679 1. Entity Namo SBY TOWNHOUSE, LLC Principal Place of Business Mailing Address 12351 ROCK GARDEN LANE PINECREST FL 33156 12351 ROCK GARDEN LANE PINECREST FL 33156 Carrier Constitution and Constitution an 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For 4. FEI Number City & State City & State 65-6077482 Not Applicable Country \$5.00 Additional Ζιp Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NELSON, BARRY A ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O NELSON & LEVINE, P.A. 2775 SUNNY ISLES BLVD., SUITE 118 NORTH MIAMI BEACH FL 33160 Zip Code City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Suprairies Typed or crimed name of registered again and title in nonlocable (NOTE, frequencial Agent signaline required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE ☐ Change ☐ Addition DHE Delete MGR NAMI NAME YOUNG, KENNETH J U00000639413 STREET ADDRESS STREET ADDRESS 12351 ROCK GARDEN LANE 02/28/07-80025-003 50.00 CHY-ST-ZIP CITY - ST - ZIP PINECREST FL 33156 Change Addition TIFLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Change Addition Delete TITLE THUE NAME NAME STREET ADDRESS STRUCT ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ШЕ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP Change □ Addition Delete 1000 TITLE NAME NAM! STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY - ST - 71P ☐ Addition Delete □ Change TITLE HUE NAM NAME STREET ADDRESS STREET ADDRESS CHY+ST-ZIP CHY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FILED

67 305 (da) 3771