

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90171 016 ***150.00

60028260



03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 43-2078617 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000031793

1. Entity Name
S.B.C., LLC



Principal Place of Business
701 BRICKELL KEY BOULEVARD
1209
MIAMI, FL 33131 US

Mailing Address
701 BRICKELL KEY BOULEVARD
1209
MIAMI, FL 33131 US

2. Principal Place of Business - No P.O. Box #
701 Brickell Key Blvd
Suite, Apt. #, etc.
2306
City & State
Miami FL
Zip
33131-2682 Country
Miami Dade

3. Mailing Address
701 Brickell Key Blvd
Suite, Apt. #, etc.
2306
City & State
Miami FL
Zip
33131-2682 Country
Miami Dade

6. Name and Address of Current Registered Agent
JOHNSON, ETHAN W
200 SOUTH BISCAYNE BOULEVARD
5300
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FOERSTER, BRUCE S 701 BRICKELL KEY BOULEVARD #1209 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Bruce S. Foerster 20 MARCH 2007 305 358 3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #