

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039374

Entity Name: SBS FRANCHISING, LLC

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

512 WRIGHT DR.
LAKE WORTH, FL 33461 US

New Principal Place of Business:

217 NEW LAKE DR.
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

512 WRIGHT DR.
LAKE WORTH, FL 33461 US

New Mailing Address:

217 NEW LAKE DR.
BOYNTON BEACH, FL 33426 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, WILFRED
512 WRIGHT DR.
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

RIVERA, WILFRED
217 NEW LAKE DR.
BOYNTON BEACH, FL 33426 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: WILFRED RIVERA

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RIVERA, WILFRED
Address: 512 WRIGHT DR.
City-St-Zip: LAKE WORTH, FL 33461 US

Title: MGR () Delete
Name: DEMIRKOL, CETIN
Address: 602 EXECUTIVE CENTER DR. #104
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RIVERA, WILFRED
Address: 217 NEW LAKE DR.
City-St-Zip: BOYNTON BEACH, FL 33426 US

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: WILFRED RIVERA

MGR

04/12/2006

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