

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000074512**

1. Entity Name  
**S & B OF FLORIDA, LLC.**



Principal Place of Business      Mailing Address

**1499 WEST PALMETTO PARK ROAD  
 SUITE 300  
 BOCA RATON FL 33486**      **1499 WEST PALMETTO PARK ROAD  
 SUITE 300  
 BOCA RATON FL 33486**



1st MOORE      CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**20-8825802**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROSENBERG, ARTHUR R  
 1499 WEST PALMETTO PARK ROAD  
 SUITE 300  
 BOCA RATON FL 33486**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable      (NOTE: Registered agent's signature required when requesting)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

| TITLE | NAME               | STREET ADDRESS               | CITY - ST - ZIP       | <input type="checkbox"/> Delete |
|-------|--------------------|------------------------------|-----------------------|---------------------------------|
| MGRM  | SOROTZKIN, MICHAEL | 1499 WEST PALMETTO PARK ROAD | BOCA RATON FL 33486-M | <input type="checkbox"/>        |
|       |                    |                              |                       | <input type="checkbox"/>        |

**10. ADDITIONS / CHANGES**

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

000000900760  
 04/29/08-80042-014 138.75

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 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 609, Florida Statutes.

SIGNATURE: *[Signature]*      *[Signature]*      *[Signature]*      *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Date of Filing