2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State
03-08-2006 90042 043 ****55.00

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1. Entity Name
S & B REAL PROPERTY, LLC

Principal Place of Business	Mailing Address
900 FOX VALLEY DRIVE SUITE #104 LONGWOOD, FL 32779	900 FOX VALLEY DRIVE SUITE #104 LONGWOOD, FL 32779

03022006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-3293542 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SHEA, MADELL
889 CUTLER ROAD
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name: Khoury, Robert J.
Street Address (P.O. Box Number is Not Acceptable): 900 FOX VALLEY DRIVE
Suite #104
City: Longwood FL Zip Code: 32779

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: RJ Khoury Robert J. Khoury DATE: 3-2-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHOURY, SHAMEEN 900 FOX VALLEY DRIVE LONGWOOD, FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Shameen Khoury Shameen Khoury 3-2-06 407-869-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #