2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 03, 2006
Secretary of State

DOCUMENT# L05000075073

Entity Name: S & B REAL PROPERTY, LLC

Current Principal Place of Business:

900 FOX VALLEY DRIVE
SUITE #104
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

900 FOX VALLEY DRIVE
SUITE #104
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-3293542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHAURY, ROBERT J
900 FOX VALLEY DR
STE 104
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

KHOURY, ROBERT J
900 FOX VALLEY DR
STE 104
LONGWOOD, FL 32779 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: ROBERT J. KHOURY 10/03/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KHOURY, SHAMEEN
Address: 900 FOX VALLEY DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KHOURY, SHAMEEN N
Address: 900 FOX VALLEY DRIVE, SUITE 104
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Change (X) Addition
Name: KHOURY, ROBERT J
Address: 900 FOX VALLEY DRIVE, SUITE 104
City-St-Zip: LONGWOOD, FL 32779

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: ROBERT J. KHOURY MGR 10/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date