2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000075073

1. Entity Name

S & B REAL PROPERTY, LLC



FILED Jan 24, 2008 08:00 Al Secretary of State

Principal Place of Business

900 FOX VALLEY DRIVE **SUITE #104** LONGWOOD, FL 32779 Mailing Address

900 FOX VALLEY DRIVE **SUITE #104** LONGWOOD, FL 32779



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC

CR2E083 (12/07)

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

KHOURY, ROBERT J 900 FOX VALLEY DR **STE 104** LONGWOOD, FL 32779

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHOURY, SHAMEEN N 900 FOX VALLEY DRIVE, SUITE 104 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHOURY, ROBERT J 900 FOX VALLEY DRIVE, SUITE 104 LONGWOOD, FL 32779
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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:

DYCKOUSE

D TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE