

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117107

Entity Name: SB ENTERPRISES, LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

17851 NW 19TH ST.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17851 NW 19TH ST.
PEMBROKE PINES, FL 33029

New Mailing Address:

18331 PINES BLVD., #118
PEMBROKE PINES, FL 33029

FEI Number: 20-3988557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARYN, ATKINS
17851 NW 19TH STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

CARYN, ATKINS
18331 PINES BLVD., #118
PEMBROKE PINES, FL 33029 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:

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ATKINS, CARYN
Address: 17851 NW 19TH ST.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: ATKINS, MARK
Address: 17851 NW 19TH ST.
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ATKINS, CARYN
Address: 18331 PINES BLVD., #118
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM (X) Change () Addition
Name: ATKINS, MARK
Address: 18331 PINES BLVD., #118
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify 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: CARYN ATKINS

MGRM

04/25/2007

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