

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123490

Entity Name: SBL HOSPITALITY LLC

FILED  
May 27, 2008  
Secretary of State

**Current Principal Place of Business:**

1010 E LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

2699 BUFORD HWY  
BUFORD, GA 30518 US

**New Mailing Address:**

2334 AQUA VISTA BLVD  
FORT LAUDERDALE, FL 33301 US

FEI Number: 20-4022925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DUBEY, ROBERT S  
2334 AQUA VISTA BLVD  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUBEY, ROBERT S  
Address: 2334 AQUA VISTA BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR ( ) Delete  
Name: PUGH, KEITH E  
Address: 2699 BUFORD HWY  
City-St-Zip: BUFORD, GA 30518

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEITH E PUGH

MGR

05/27/2008

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