



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2006 8:00 am
Secretary of State

02-16-2006 90142 013 ****50.00

DOCUMENT # L06000000305 1. Entity Name SBR/VICTORIA ENERGY, LLC																																																																																																																																																																					
Principal Place of Business 412 WOODCREST ROAD KEY BISCAINE, FL 33149			Mailing Address 412 WOODCREST ROAD KEY BISCAINE, FL-33149																																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">30002137</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 02142006 Chg-LLC CR2E083 (11/05) </div>																																																																																																																																																																	
City & State		City & State																																																																																																																																																																			
Zip	Country	Zip	Country																																																																																																																																																																		
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																																																																					
6. Name and Address of Current Registered Agent SACHER, CHARLES P 2655 LEJEUNE ROAD, STE. 1101 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																																	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																																																																					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																																																																																																																																																																		
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES </div> </div> <table border="1" style="width:100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th style="width: 15%;">TITLE</th> <th style="width: 45%;">NAME</th> <th style="width: 10%;">Delete</th> <th style="width: 15%;">TITLE</th> <th style="width: 15%;">NAME</th> <th style="width: 10%;">Delete</th> <th style="width: 10%;">Change</th> <th style="width: 10%;">Addition</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>EARLE, JENNIFER D</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>412 WOODCREST ROAD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>KEY BISCAINE, FL 33149</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <!-- Empty rows to represent the structure in the image --> <tr><td>TITLE</td><td></td><td><input type="checkbox"/></td><td>TITLE</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td><td>CITY- ST- ZIP</td><td></td><td></td><td></td><td></td></tr> <tr><td>TITLE</td><td></td><td><input type="checkbox"/></td><td>TITLE</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td><td>CITY- ST- ZIP</td><td></td><td></td><td></td><td></td></tr> <tr><td>TITLE</td><td></td><td><input type="checkbox"/></td><td>TITLE</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td><td>CITY- ST- ZIP</td><td></td><td></td><td></td><td></td></tr> <tr><td>TITLE</td><td></td><td><input type="checkbox"/></td><td>TITLE</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td><td>CITY- ST- ZIP</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						TITLE	NAME	Delete	TITLE	NAME	Delete	Change	Addition	MGR	EARLE, JENNIFER D	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	412 WOODCREST ROAD		STREET ADDRESS					CITY- ST- ZIP	KEY BISCAINE, FL 33149		CITY- ST- ZIP					TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME			NAME					STREET ADDRESS			STREET ADDRESS					CITY- ST- ZIP			CITY- ST- ZIP					TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME			NAME					STREET ADDRESS			STREET ADDRESS					CITY- ST- ZIP			CITY- ST- ZIP					TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME			NAME					STREET ADDRESS			STREET ADDRESS					CITY- ST- ZIP			CITY- ST- ZIP					TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME			NAME					STREET ADDRESS			STREET ADDRESS					CITY- ST- ZIP			CITY- ST- ZIP				
TITLE	NAME	Delete	TITLE	NAME	Delete	Change	Addition																																																																																																																																																														
MGR	EARLE, JENNIFER D	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																														
STREET ADDRESS	412 WOODCREST ROAD		STREET ADDRESS																																																																																																																																																																		
CITY- ST- ZIP	KEY BISCAINE, FL 33149		CITY- ST- ZIP																																																																																																																																																																		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																														
NAME			NAME																																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																																																																																		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																														
NAME			NAME																																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																																																																																		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																														
NAME			NAME																																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																																																																																		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																														
NAME			NAME																																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																																																																																		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%; text-align: center;"> <div style="font-size: 24px; font-weight: bold;">2/14/06</div> <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <div style="font-size: 24px; font-weight: bold;">305 345 2023</div> <small>Daytime Phone #</small> </div> </div>																																																																																																																																																																					



ATTACHMENT
300002134

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

SBR/VICTORIA ENERGY, LLC
412 WOODCREST ROAD
KEY BISCAYNE, FL 33149

Subject: SBR/VICTORIA ENERGY, LLC

Reference Number:

L06000000305

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION