

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004545

Entity Name: S&B HOLDINGS, L.L.C.

FILED  
Apr 23, 2008  
Secretary of State

**Current Principal Place of Business:**

16876 N.E. 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16876 N.E. 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 33-1129859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEINBERG, JEFFREY  
4000 HOLLYWOOD BOULEVARD, SUITE 350-N  
HOLLYWOOD, FL 33021 US

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

BRAITHWAITE, SYLVESTER  
16876 N.E. 19TH AVE.  
NORTH MIAMI BEACH, FL 33162 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: SYLVESTER BRAITHWAITE

04/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRAITHWAITE, SYLVESTER  
Address: 16876 N.E. 19TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: BRAITHWAITE, BRIAN  
Address: 3101 S. OCEAN DR. SUITE 2201  
City-St-Zip: HOLLYWOOD, FL 33019

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: SYLVESTER BRAITHWAITE

MGR

04/23/2008

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