

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030274

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: SANTA BARBARA VENTURE, L.L.C.

## Current Principal Place of Business:

580 S FEDERAL HWY  
POMPANO BEACH, FL 33062

## New Principal Place of Business:

## Current Mailing Address:

1620 S OCEAN BLVD  
SUITE 14-K  
POMPANO BEACH, FL 33062

## New Mailing Address:

4449 N STATE RD 7  
LAUDERDALE LAKES, FL 33319

FEI Number: 20-5742874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANTONARAS, JOHN  
1620 S OCEAN BLVD  
SUITE 14-K  
POMPANO BEACH, FL 33062 US

## Name and Address of New Registered Agent:

SIKDER, WAHIDUR  
4449 N STATE RD 7  
LAUDERDALE LAKES, FL 33319 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: WAHIDUR SIKDER

04/29/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SIKDER, WAHIDUR  
Address: 5908 BLUE BEECH COURT  
City-St-Zip: TAMRAC, FL 33319

Title: MGRM (X) Delete  
Name: ANTONARAS, JOHN  
Address: 1620 S OCEAN BLVD #14-K  
City-St-Zip: POMPANO BEACH, FL 33062

## 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: WAHIDUR SIKDER

MGRM

04/29/2008

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