

FILED
Jun 25, 2007 8:00 am
Secretary of State


5/1
5/

05-14-2007 90362 032 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000033784

1. Entity Name
SB ST. LUCIE GROVE, LLC



Principal Place of Business Mailing Address
2005 WEST CYPRESS CREEK ROAD, SUITE 202 **2005 WEST CYPRESS CREEK ROAD, SUITE 202**
FORT LAUDERDALE, FL 33309 **FORT LAUDERDALE, FL 33309**

30011214



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

05102007 Chg-LLC CR2E063 (12/06)

City & State City & State

4. FEI Number Applied For
20-4605118 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, SAMUEL
2005 WEST CYPRESS CREEK ROAD, SUITE 202
FORT LAUDERDALE, FL 33309

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 _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature is required when reappointing.

Filing Fee is \$80.00 Due by September 14, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Mrs Butters</i> Sam Butters <i>2005 W Cypress Creek Rd</i> 2005 W Cypress Creek Rd			
<i>Suite 202</i> Suite 202 <i>Fort Lauderdale FL 33309</i> Fort Lauderdale FL 33309			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* Date: **5/1/07** **954-711-5056 x206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR (MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Division Phone #