

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045365

FILED  
Jul 19, 2007  
Secretary of State

Entity Name: SANTA BARBARA CENTER, LLC

## Current Principal Place of Business:

4405 SW 26TH COURT  
CAPE CORAL, FL

## New Principal Place of Business:

1512 SW 58TH STREET  
CAPE CORAL, FL 33914

## Current Mailing Address:

4405 SW 26TH COURT  
CAPE CORAL, FL

## New Mailing Address:

1616-102 W. CAPE CORAL PKWY  
PMB #313  
CAPE CORAL, FL 33914

FEI Number: 20-5097476      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:

GOMER, DAVID W  
4405 SW 26TH COURT  
CAPE CORAL, FL      US

## Name and Address of New Registered Agent:

GOMER, DAVID W  
1512 SW 58TH STREET  
CAPE CORAL, FL 33914      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: DAVID W GOMER

07/19/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: GOMER, DAVID W  
Address: 1512 SW 58TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

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: DAVID W GOMER

MGR

07/19/2007

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