2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L07000013025

Entity Name: SBH INVESTMENTS, LLC

Current Principal Place of Business:

332 EDGE OF WOODS ROAD
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

332 EDGE OF WOODS ROAD
ST. AUGUSTINE, FL 32092 US

Current Mailing Address:

332 EDGE OF WOODS ROAD
ST. AUGUSTINE, FL 32092

New Mailing Address:

P.O. BOX 272683
FT. COLLINS, CO 80527 US

FEI Number: 20-8383434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURPHY, JAMES T ESQ.
50 NORTH LAURA STREET
SUITE 1700
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HASSAN, BRUCE A
Address: 332 EDGE OF WOODS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM ( ) Delete
Name: HASSAN, SHERRY R
Address: 332 EDGE OF WOODS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HASSAN, BRUCE A
Address: 332 EDGE OF WOODS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGRM (X) Change ( ) Addition
Name: HASSAN, SHERRY R
Address: 332 EDGE OF WOODS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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: LAURIE M. LEE. ESQ. ATTY 04/07/2009

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