

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015660

FILED
Feb 04, 2009
Secretary of State

Entity Name: S.B.I. NORTH PROPERTIES, LLC

Current Principal Place of Business:

4176 CANAL STREET
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

4176 CANAL STREET
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 20-8418416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRICKLER, DEAN A
4176 CANAL STREET
FORT MYERS, FL 33916 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: STRICKLER, DANIEL S
Address: 4176 CANAL STREET
City-St-Zip: FORT MYERS, FL 33916

Title: MGRM () Delete
Name: STRICKLER, DEAN A
Address: 4176 CANAL STREET
City-St-Zip: FORT MYERS, FL 33916

Title: MGRM () Delete
Name: STRICKLER, STEVEN J
Address: 4176 CANAL STREET
City-St-Zip: FORT MYERS, FL 33916

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

ADDITIONS/CHANGES:

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

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

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

Title: MGRM () Change (X) Addition
Name: STRICKLER, GARY L
Address: 4176 CANAL STREET
City-St-Zip: FORT MYERS, FL 33916

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: DEAN A STRICKLER

MGRM

02/04/2009

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