
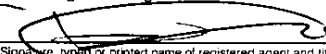






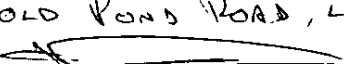


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90019 018 ***143.75

DOCUMENT # L07000071599 1. Entity Name SBP-MGP, LLC					
Principal Place of Business 663 MOURNING DOVE DRIVE SARASOTA, FL 34236 US			Mailing Address 663 MOURNING DOVE DRIVE SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 11TH STREET WEST BRADENTON, FL 34205-7734				7. Name and Address of New Registered Agent Name EDWIN A. WEILLER III Street Address (P.O. Box Number is Not Acceptable) 663 MOURNING DOVE DRIVE City SARASOTA FL Zip Code 34236	
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 		ROBERT G. HARNER AUTH. REP. 04/22/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
			MANAGING MEMBER OLD POND ROAD, LLC 663 MOURNING DOVE DR. SARASOTA, FL 34236		
			MANAGING MEMBER KANE MANAGEMENT GROUP, LTD 1991 MAIN STREET #260 SARASOTA FL 34236		
			MANAGING MEMBER DONILKANA REV. TRUST 1991 MAIN ST. #260 SARASOTA, FL 34236		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<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.					
OLD POND ROAD, LLC, MANAGING MEMBER (941) 951-0396 SIGNATURE:  ROBERT G. HARNESS, AUTH. REP. 04/22/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					