

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000071599

Entity Name: SBP-MGP, LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

663 MOURNING DOVE DRIVE  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

663 MOURNING DOVE DRIVE  
SARASOTA, FL 34236 US

**New Mailing Address:**

FEI Number: 26-0523821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WEILLER, EDWIN A  
663 MOURNING DOVE DRIVE  
SARASOTA, FL 34236 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  
Name: OLD POND ROAD, LLC  
Address: 663 MOURNING DOVE DRIVE  
City-St-Zip: SARASOTA, FL 34236 US

Title: MGRM  
Name: KANE MANAGEMENT GROUP  
Address: 1991 MAIN STREET #260  
City-St-Zip: SARASOTA, FL 34236 US

Title: MGRM  
Name: DANIEL KANE REV. TRUST  
Address: 1991 MAIN STREET #260  
City-St-Zip: SARASOTA, FL 34236 US

I hereby 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: EDWIN A. WEILLER III

MGRM

02/16/2010

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