## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 27, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam SBCBBP,				03-27-2008 \$	90086 029 ***138	5./3	
Principal Place of Business Mailing Address		Mailing Address	<u>'</u>		600175	22	
3532 FLAMINGO AVE.		3532 FLAMINGO AVE.		7.7	000710		
SARASOTA, FL 34242 SARASOTA, FL 34242			1 (60)(0)( 0)		II 89118 18111 20161 11310 11811 613		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- E			
		5-131 · p. · · · , 515 ·		03242008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb 26 -	108455	<del>,</del>	pplied For of Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□\$5.00 Add	ditional d
•	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	legistered Agent	
DEODLES MALLANA I			Name				
PEOPLES, WILLIAM J 6200 CLARK CENTER AVENUE SARASOTA, FL 34238			Street Address (P.O. Box Number is Not Acceptable)				
C/ U (C C /	71,12 01200				-		
			City			FL Zip Code	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its i	registered office or re	egistered agent, or bo	th, in the State of Flo		and accept
_							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature	required when reinstating)		DATE	
		<del></del>		· •			
FILE After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.7	5		•		e check payable to a Department of State	e
After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.79 MANAGING MEMBI		10.			a Department of State	e
9. 47	MANAGING MEMBI		_		Florid	a Department of State	<b>e</b> ☐ Addition
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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 early, 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: SCOTT BRY AN (MGRM)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

941350-3996