

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

SB NR FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000001542

1. Entity Name
SB UNIVERSITY L.L.C.



Principal Place of Business
2005 WEST CYPRESS CREEK ROAD, SUITE 202
FORT LAUDERDALE, FL 33309

Mailing Address
2005 WEST CYPRESS CREEK ROAD, SUITE 202
FORT LAUDERDALE, FL 33309



04192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0880326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, SAMUEL
2005 W. CYPRESS CREEK RD, STE: 202
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U000000124292
04/22/04-80039-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BUTTERS, SAM
2005 WEST CYPRESS CREEK ROAD, SUITE 202
FORT LAUDERDALE, FL 33309

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/19/04

954-771-5056