


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUTTERS, SAM 2005 WEST CYPRESS CREEK ROAD, SUITE 202 FORT LAUDERDALE, FL 33309	
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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)(i), 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: <u><i>Samuel Butters</i></u> 4/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0880326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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05/04/05-80162-007 100.00