2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M0000000460 1. Entity Name SB LAND ASSOCIATES, LLC					FILED Feb 16, 2007 8:00 am Secretary of State 02-16-2007 90182 035 ****50.00				
									Principal Place 824 MARKET WILMINGTON,
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152007	Chg-LLC	CR2E083 (12/	06)	
City & State		City & State			4. FEI Numb 51-039			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
200 SOUT	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324		Street Address (P.O. Box Number is Not Acceptable)			
Fi	Signature, typed or printed name of registered agen ling Fee is \$50.00 ue by May 1, 2007	and title il applicable. (N	OTE: Registered A	gent signature requir	ed when reinstating)		DATE e check payable a Department of S		
).	MANAGING MEMB	ERS/MANAGERS	10.		······	ADDITIONS,	CHANGES		
IITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SJ LAND ASSOCIATES, LLC 824 MARKET STREET, SUITE 9 WILMINGTON, DE 19801	Delete	TITLE NAME STREET		scpn G. P. Grant St. Shursh, PA	tuk , ste 1900 15219	🛄 Cha	nge 🔀 Addition	
ITLE IAME STREET ADDRESS CITY - ST - ZIP	P RAHUBA, BARTLEY J 330 GRANT ST SUITE 1900 PITTSBURGH, PA 15235	Delete	TITLE NAME STREET CITY-ST	ADDRESS 330	ol J. Cus Grant St. Sturgh, St.	ick Riley , Ste 1900	🗋 Cha	nge 🔀 Addition	
ITLE IAME ITREET ADDRESS ITTY - ST - ZIP	V DAVIDSON JR, JAMES E 101E TOWN PL STE 200 SAINT AUGUSTINE, FL 32092	Detete	TITLE NAME STREET CITY-SI	ADDRESS	•••• (•••		Cha	nge 🗋 Addition	
ITLE IAME ITREET ADDRESS ITY- ST- ZIP	V POLJAK, MARK M 330 GRANT ST SUITE 1900 PITTSBURGH, PA 15219	Delete	TITLE NAME STREET CITY-ST	ADDRESS 1 - ZIP			🗋 Cha	nge 🗌 Addition	
ITLE IAME ITREET ADDRESS ITTY- ST- ZIP	T KOLANO, EDWARD F 330 GRANT ST SUITE 1900 PITTSBURGH, PA 15219	Delete	TITLE NAME STREET CITY-S	ADDRESS			Cha	nge 🔲 Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	ADDRE S S T- ZIP			Cha	nge 🗌 Addition	
indicated	certify that the information supplied will on this report is true and accurate an ibility company or the receiver or trust	d that my signature shall ha	ve the same I	egal effect as i	f made under oat	h; that I am a mana	urther certify that the ging member or ma	e information nager of the	
SIGNAT	URE: Barily SIGNATURE AND TYPED OR PRINTED NAME			UTHORIZED REPRE	SENTATIVE	115/07 Date	412-28 Daytime Ph	1-):)0 me#	