

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002674

FILED
Feb 12, 2011
Secretary of State

Entity Name: S.B. HUGHES PROPERTIES, LTD. CO.

Current Principal Place of Business:

5007 NORTHWEST 24TH CIRCLE
BOCA RATON, FL 33431

New Principal Place of Business:

5007 NORTHWEST 24TH CIRCLE
BOCA RATON, FL 33431 US

Current Mailing Address:

5007 NORTHWEST 24TH CIRCLE
BOCA RATON, FL 33431

New Mailing Address:

5007 NORTHWEST 24TH CIRCLE
BOCA RATON, FL 33431 US

FEI Number: 75-3017931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, STEPHEN B
5007 NORTHWEST 24TH CIRCLE
BOCA RATON, FL 33431 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: MGR
Name: HUGHES, STEPHEN B
Address: 5007 N.W. 24TH CR.
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR
Name: HUGHES, STEPHEN B
Address: PO BOX 812759
City-St-Zip: BOCA RATON, FL 33481 US

Title: MGR
Name: HUGHES, STEPHEN B
Address: 5007 N.W. 24TH CR.
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR
Name: HUGHES, STEPHEN B
Address: 5007 N.W. 24TH CR.
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR
Name: HUGHES, STEPHEN B
Address: 5007 N.W. 24TH CR.
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR
Name: HUGHES, STEPHEN B
Address: 5007 N.W. 24TH CR.
City-St-Zip: BOCA RATON, FL 33431 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: STEPHEN B HUGHES

MEMB

02/12/2011

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