2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2005
Secretary of State

DOCUMENT# M03000001723

Entity Name: SLBH, LLC

Current Principal Place of Business:

630 FAIRVIEW ROAD
STE. 205
SWARTHMORE, PA 19081

New Principal Place of Business:

Current Mailing Address:

630 FAIRVIEW ROAD
STE. 205
SWARTHMORE, PA 19081

New Mailing Address:

FEI Number: 11-3690590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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:	MGRM	( ) Delete
Name:	STRINE, WALTER M SR	
Address:	630 FAIRVIEW ROAD	
City-St-Zip:	SWARTHMORE, PA 19081	
Title:	MGRM	( ) Delete
Name:	STRINE, WALTER M JR	
Address:	630 FAIRVIEW ROAD	
City-St-Zip:	SWARTHMORE, PA 19081	
Title:	MGRM	( ) Delete
Name:	STRINE, WILLIAM B SR	
Address:	630 FAIRVIEW ROAD	
City-St-Zip:	SWARTHMORE, PA 19081	
Title:	MGRM	( ) Delete
Name:	STRINE, TODD M	
Address:	630 FAIRVIEW ROAD	
City-St-Zip:	SWARTHMORE, PA 19081	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD M. STRINE MGR 08/11/2005

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