

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003586 1. Entity Name SB ST. PETERSBURG L.L.C.	
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Principal Place of Business 9000 SW 152ND ST, STE 106 MIAMI, FL 33157	Mailing Address 9000 SW 152ND ST, STE 106 MIAMI, FL 33157
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01192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0330503	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

KUBIT, DONALD E ESQ
100 SE 2ND ST, 17TH FLOOR
MIAMI, FL 33131

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**

U00000154143
05/04/04-80156-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAPPAH MANAGEMENT L.L.C. 9000 SW 152ND ST, STE 106 MIAMI, FL 33157
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IN THIS SPACE**

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: _____

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

DATE _____

Daytime Phone # _____

4-30-04 305-278-8400