

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90013 035 \*\*\*\*50.00

**DOCUMENT # M04000000408**

1. Entity Name  
**SBDH MANAGEMENT COMPANY, LLC**



Principal Place of Business  
**2930 BISCAYNE BLVD.  
MIAMI, FL 33137**

Mailing Address  
**2930 BISCAYNE BLVD.  
MIAMI, FL 33137**

**30011042**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08302005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

**20-0693572**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 September 7, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GALBUT, DAVID	
STREET ADDRESS	4730 N. BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SK Business Trust	
STREET ADDRESS	2930 Biscayne Boulevard	
CITY-ST-ZIP	Miami, Florida 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RF Business Trust	
STREET ADDRESS	2930 Biscayne Boulevard	
CITY-ST-ZIP	Miami, Florida 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Menin 1998 Family Trust	
STREET ADDRESS	2930 Biscayne Boulevard	
CITY-ST-ZIP	Miami, Florida 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abraham Galbut	
STREET ADDRESS	999 Washington Avenue	
CITY-ST-ZIP	Miami Beach, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miguel Guittierrez	
STREET ADDRESS	2930 Biscayne Boulevard	
CITY-ST-ZIP	Miami, Florida 33137	

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:**

*Miguel Guittierrez*

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

Miguel Guittierrez, Manager  
08/31/05 (305) 374-5700