


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90407 010 ****50.00

DOCUMENT # M05000004164	
1. Entity Name SBBR 2, LLC	

Principal Place of Business 8609 W. BRYN MAWR AVENUE, STE. 209 CHICAGO, IL 60631	Mailing Address 500 SOUTH DEARBORN STREET CHICAGO, IL 60605
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2. Principal Place of Business - No P.O. Box # 222 Merrill #100	3. Mailing Address 222 Merrill #100
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Birmingham MI	City & State Birmingham MI
Zip 48009	Zip 48009
Country USA	Country USA



05172007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3212082	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent IURATO, KEVIN M 101 E. KENNEDY BLVD., STE. 2000 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Steven Mishan Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Ave., Suite 1100 City Miami FL 33131
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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 **Steven Mishan** DATE **05/18/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE 222 Merrill #100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOUTH BEACH MANAGER, L.L.C.		NAME Birmingham MI	
STREET ADDRESS 36400 WOODWARD AVENUE, #118		STREET ADDRESS 48009	
CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Geoffrey L. Hackman** DATE: **05/18/07** DAYTIME PHONE: **248-433-0713**

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