## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 06, 2008 08:00 AM **DOCUMENT # M07000001652 Secretary of State** SPB DEVELOPERS, LLC Principal Place of Business Mailing Address 3550 CORPORATE WAY STE C 3550 CORPORATE WAY STE C DULUTH, GA 30096 **DULUTH, GA 30096** 01102008 No Chg-LLC CR2E083 (12/07) 4. FEI Number Applied For 20-3481934 Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE NAME CROSSGATE PARTNERS, LLC 3550 CORPORATE WAY STE C STREET ADDRESS CITY-ST-ZIP **DULUTH, GA 30096** TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 end 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 feceiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

STREET ADDRESS CITY-ST-ZIP

2-1-6008

Daylime Phone #

FILED