


**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90066 001 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L07000055221</b> 1. Entity Name <b>701 SB, LLC</b>			
Principal Place of Business <b>12900 SW 89 COURT          MIAMI, FL 33176</b>		Mailing Address <b>12900 SW 89 COURT          MIAMI, FL 33176</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b> <b>BERKOWITZ, RICHARD A          200 S. BISCAYNE BLVD., 8TH FLOOR          MIAMI, FL 33131</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
8. The above named entity submits this statement for the purpose of checking 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 <i>[Signature]</i> <small>Signature, print or printed name of registered agent and his or her assistant.</small>		DATE <i>1/28/08</i> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$138.75          After May 1, 2008 Fee will be \$338.75</b>		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>Roland Garcia,</b>	STREET ADDRESS <b>12900 SW 89th Court, Miami FL 33176</b>	TITLE <b>GMGRM</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>12900 SW 89th Court, Miami FL 33176</b>	CITY- ST- ZIP <b>MIAMI FL 33176</b>	TITLE <b>GMGRM</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete	TITLE <b>GMGRM</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS <b>12900 SW 89th Court, Miami FL 33176</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>12900 SW 89th Court, Miami FL 33176</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete	CITY- ST- ZIP <b>MIAMI FL 33176</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete	CITY- ST- ZIP <b>MIAMI FL 33176</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 prepare this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF PERSON MANAGING RECORDS, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <i>1/28/08</i> <span style="float: right;"><i>305-234-3927</i></span> <small>DATE</small>	

30005364



01282008 Chg-LLC CRZE083 (12/06)

4. FEI Number **26-0239027** Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required