


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Jul 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L03000002966**

1. Entity Name  
**BOB'S BEST PROPERTIES, L.L.C.**



Principal Place of Business <b>15097 63RD STREET NORTH CLEARWATER, FL 33760</b>	Mailing Address <b>15097 63RD STREET NORTH CLEARWATER, FL 33760</b>
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**DO NOT WRITE IN THIS SPACE**



07122006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>82-0584605</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**WALKER, BOBBY  
15097 63RD STREET NORTH  
CLEARWATER, FL 33760**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, BOBBY 15097 63RD STREET NORTH CLEARWATER, FL 33760
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07/14/06-80001-014 50.00

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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:** *Bobby J Walker*      7/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #