

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000002966**

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



Principal Place of Business  
**15097 63RD STREET NORTH  
 CLEARWATER, FL 33760**

Mailing Address  
**15097 63RD STREET NORTH  
 CLEARWATER, FL 33760**



04282007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>82-0584605</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**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 \_\_\_\_\_  
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 May 1, 2007**

000000756724  
 05/23/07-80041-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WALKER, BOBBY 15097 63RD STREET NORTH CLEARWATER, FL 33760</b>
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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 A Walker*

*4-30-07*