

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068683

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: CBES, LLC

**Current Principal Place of Business:**

1209 U.S. HIGHWAY  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

2095 CAVALLA RD.  
VERO BEACH, FL 32963

**Current Mailing Address:**

1209 U.S. HIGHWAY  
SEBASTIAN, FL 32958

**New Mailing Address:**

2095 CAVALLA RD.  
VERO BEACH, FL 32963

FEI Number: 26-0471324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHLITT, STEVEN R  
1209 US HWY 1  
SEBASTIAN, FL 32958 US

**Name and Address of New Registered Agent:**

SCHLITT, STEVEN R  
2095 CAVALLA RD.  
VERO BEACH, FL 32963 US

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.

SIGNATURE:

03/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHLITT, STEVEN R  
Address: 1209 US HWY 1  
City-St-Zip: SEBASTIAN, FL 32958

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHLITT, STEVEN R  
Address: 2095 CAVALLA RD.  
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM ( ) Change (X) Addition  
Name: STANHOPE, RICHARD  
Address: 2095 CAVALLA RD.  
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN R. SCHLITT

MGRM

03/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date