10/3/2002-90049-005-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007793

1. Entity Name
R & B PROPERTIES, LLC

FILED
02 NOV -5 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
981452

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~PO BOX 492~~ 875 W. PARK AVE EDGEWATER FL 32132	~~PO BOX 492~~ 875 W. PARK AVE EDGEWATER FL 32132

2. Principal Place of Business	3. Mailing Address
875 W. Park Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Edgewater, FL	City & State
Zip: 32132 / Country	Zip / Country

4. FEI Number 59-3656112 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, GEORGE JR.
3512 OMNI CIRCLE
EDGEWATER FL 32141

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, GEORGE JR. 3512 OMNI CIRCLE EDGEWATER FL 32141 MGR ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POWERS, CLARENCE R 1969 S. GLENCOE RD. NEW SMYRNA BEACH FL 32168 MGR ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BK ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED [signature] 10-15-02 386 423 3076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #