## 2002 UNIFORM BUSINESS REPORT (UBR) L01000008622 **DOCUMENT #** 1. Entity Name T & B PROPERTIES, LLC

## **FILED** Jul 17, 2002 8:00 am Secretary of State 07-17-2002 90138 036 \*\*\*\*50.00

FILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State Due By May 1, 2002		· · · · · · · · · · · · · · · · · · ·	<del></del>								
SHALMAR FL 32579  2. Phinologis Place of Business  3. Melling Address  Sute, Apt. F. Mc.  Sute, Apt. F. Mc.  Sute, Apt. F. Mc.  City & State  City & FL  Zip Code  St. On Number is Not Acceptable  Street Address of Rew Registered Agent  The shows named antity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  Signant uses  Signant uses  Signant uses  Make Check Payable to Department of State  Due By May 1, 2002  8. MANAGING MEMBERS/MANAGERS  Make Check Payable to Department of State  Due By May 1, 2002  8. MANAGING MEMBERS/MANAGERS  Make Check Payable to Department of State  Due By May 1, 2002  R. MANAGING MEMBERS/MANAGERS  Mile Make Check Payable to Department of State  Due By May 1, 2002  R. MANAGING MEMBERS/MANAGERS  Mile Make Check Payable to Department of State  Due By May 1, 2002  R. MANAGING MEMBERS/MANAGERS  Mile Make Check Payable to Department of State  Due By May 1, 2002  R. MANAGING MEMBERS/MANAGERS  Mile Make Check Payable to Department of State  Due By May 1, 2002  R. MANAGING MEMBERS/MANAGERS  Mile Make Check Payable to Department of State  Due By May 1, 2002  R. MANAGING MEMBERS/MANAGERS  Mile Make Check Payable to Department of State  Due By May 1, 2002  R. MANAGING MEMBERS/MANAGERS  Mile Make Check Payable to Department of State  Due By May 1, 2002  R. MANAGING MEMBERS/MANAGERS  Mile Make Check Payable to Department of State  Due By May 1, 2002  R. MANAGING MEMBERS/MANAGERS  Mile Make Check Payable to Department of State  Due By May 1, 2002  Mile Make Check Payable to Department of State  Due By May 1, 20	Principal Pla	ice of Business	Mailing Address	Mailing Address							
Suite, Apt. #. etc.   Suite, Apt. #. etc.   Suite, Apt. #. etc.   DO NOT WRITE IN THIS SPACE  City & State   City & State   4. FEI Number 31 - 1777 to 55   Applied For 31 - 1777 to 55   Not Applied For 31 - 1777 to 55   Applied For 31 - 1777 to 55   Not Applied For 31 - 1777 to 55   So Applied For 31 - 1777 to 57   So Applied Fo	CHILD DATE TO ASSES		•				970512				
City & State  Ci	2. Principal	Place of Business	3. Mailing Address	Mailing Address							
Zip Country Zip Country Signature Size Size Size Size Size Size Size Siz	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
S. Hame and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  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.  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.  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.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent a	City & Sta	ite	City & State	City & State			2, 12777 / 66				
BETHEA, MARK G 174 COUNTRY CLUB ROAD SHALMAR FL 32579  6. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature Replaced or investment of the purpose of changing its registered defice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature Replaced or investment of the purpose of changing its registered depart agent agen	Zip	Country	Zip	Country	,		<u> </u>		\$5.00 A	dditional	
BETHEA, MARK G 174 COUNTRY CLUB ROAD SHALIMAR FL 32579  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, holes of printed name of registered agent and the 1 applicable.  Charge Interest Notes of Mark Check Payable to Department of State Due By May 1, 2002  9. MANAGING MEMBERS/MANAGERS  TO Bay 1, 2, 39  City FL Sample Addition  MARK Check Payable to Department of State Due By May 1, 2002  9. MANAGING MEMBERS/MANAGERS  TO Bay 1, 2, 39  City FL Sample Addition  The MARK STREET ADDRESS OFF TO Bay 1, 2, 39  City St. 29  Ci		6. Name and Address of Cu	rrent Registered Agent	<u> </u>		7. Nam	e and Address of New	Registered			
SIGNATURE Synamum, fixed or primer rame of registered agent and size if applicable.    Signature   Synamum, fixed or primer rame of registered agent and size if applicable.   POTE Projectional Agent signature required when refinatory)   DATE				· · · · · · · · · · · · · · · · · · ·	Name			Historian	-Aau		
Signature. Appeal or primes named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature. Appeal or primes name of inegistered agent and titls ill application.  PACTE Registered Agent signature recurred when relotation()  PACTE Registered Agent signature recurred when relotation()  PACTE REGISTER AGENTS AGENT	174	4 COUNTRY CLUB ROAD									
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SPARAME, lyped or printed name of Proposed agent and like 8 applicable. (NOTE Registered Agent sepalure required when releasing)  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  Due By May 1, 2002  MANAGING MEMBERS/MANAGERS  TITLE  MANE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MANE  STR	SH	ALIMAR FL 32579			City			FI	Zip Co	de	
SIGNATURE    Squares typined or primed name of legistered agent and like it applicable. (INOTE: Registered Agent signature recuired when notinatating) DATE    FILE NOW!!! FEE IS \$50.00	<del></del>	<del></del>							•		
SIGNATURE    Squares typined or primed name of legistered agent and like it applicable. (INOTE: Registered Agent signature recuired when notinatating) DATE    FILE NOW!!! FEE IS \$50.00	s. The above	e named entity submits this statem	ent for the purpose of changing	g its registered	office or regis	tered agent,	or both, in the State of Fl	orida.			
Suprature , typed or promed name of registered agent and side   applicable. (NOTE Registered Agent sequence when reinstalling)   DATE											
Signature, hyped or printed name of registered agent and site   spoilceable. (NOTE: Registered agent sequence when releastering)   DATE	SIGNATURE										
Make Check Payable to Department of State Due By May 1, 2002  9. MANAGING MEMBERS/MANAGERS  ITILE MAKE MAKE MAKE MAKE PAYTHULE MAKE MAKE STREET ADDRESS STRE		Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Ag	gent signature requi	ired when reinstat	ing)	DATE		<del></del>	
Make Check Payable to Department of State Due By May 1, 2002  9. MANAGING MEMBERS/MANAGERS  ITILE MAKE MAKE MAKE MAKE PAYTHULE MAKE MAKE STREET ADDRESS STRE			FII S	NOW!!! EE	F IS SEN OF	<u> </u>					
Due By May 1, 2002    Nama   Partner   Delete   Title   Change   Addition											
MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES   MAINE   MANE   M				-	-	or State					
TITLE WAME WAME WAME WAME WAME WAME WAME WAME				Due By May	1, 2002		i				
ITILE WAME WAME STREET ADDRESS STREE	9.	MANAGING ME	MBERS/MANAGERS	10.			ADDITIONS	/CHANGES	<del></del>		
STREET ADDRESS CITY-ST-2IP TITLE MAME STREET ADDRESS CITY-ST-2IP	TITLE	Partner	☐ ∩elete	TITLE					Chanca	☐ Addition	
STREET ADDRESS STREET	NAME								unanye	L Addition	
CITY-ST-ZIP    Borukling Green   KY 42102-1239   CITY-ST-ZIP   Delete   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP	STREET ADDRESS	1 10/6 10/4 11/5 2 62		STREET A	DORESS						
INTLE MAME MAME MAME STREET ADDRESS SITY-ST-ZIP  INTLE MAME MAME MAME STREET ADDRESS SITY-ST-ZIP  INTLE MAME MAME MAME STREET ADDRESS CITY-ST-ZIP  INTLE MAME MAME STREET ADDRESS CITY-ST-ZIP  INTLE MAME MAME MAME STREET ADDRESS CITY-ST-ZIP  INTLE MAME MAME MAME STREET ADDRESS CITY-ST-ZIP  INTLE MAME MAME STREET ADDRESS CITY-ST-ZIP  INTLE MAME MAME MAME MAME MAME STREET ADDRESS CITY-ST-ZIP  INTLE MAME MAME MAME MAME MAME STREET ADDRESS CITY-ST-ZIP  INTLE MAME MAME MAME MAME MAME MAME MAME MA	CITY-ST-ZIP	Bonding Green K	4 42102-1739								
NAME STREET ADDRESS S		SUBCURE OF CONT. 11			£II .	<del></del>	<del> </del>				
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			. ☐ Delete						Change	☐ Addition	
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME MAME MAME MAME MAME MAME MA			<b>V</b>	_							
TITLE MAME STREET ADDRESS CITY-ST-ZIP					l l						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE IAME STREET ADDRESS CITY-ST-ZIP  TITLE IAME STREET ADDRESS CITY-ST-ZIP  TITLE IAME STREET ADDRESS CITY-ST-ZIP  TITLE ITTLE IAME IAME ITTLE IAME IAME IAME IAME IAME IAME IAME IAM				CITY-ST-	ZłP						
NAME STREET ADDRESS CITY-ST-ZIP  ITILE IAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE					Change	Addition	
CITY-ST-ZIP  CITYE  LITLE LIAME LIAME LITREET ADDRESS LITY-ST-ZIP  CITY-ST-ZIP  CHange Addition  Addition  Addition  Addition  Addition  Change Addition  Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition  STREET ADDRESS  CITY-ST-ZIP  CHANGE  STREET ADDRESS  CITY-ST-ZIP	NAME			NAME							
TITLE IAME IAME IAME IAME IAME IAME ITTREET ADDRESS ITTY-ST-ZIP ITTLE IAME ITTLE IAME IAME IAME IAME IAME IAME IAME IAM	STREET ADDRESS			STREET A	DDRESS						
NAME STREET ADDRESS HTY-ST-ZIP  ITLE AME TREET ADDRESS HTY-ST-ZIP  TITLE AME TREET ADDRESS HTY-ST-ZIP  TITLE NAME STREET ADDRESS HTY-ST-ZIP  TITLE NAME STREET ADDRESS HTY-ST-ZIP  TITLE AME TREET ADDRESS HTY-ST-ZIP  TITLE AME TREET ADDRESS HTY-ST-ZIP  TITLE NAME STREET ADDRESS HTY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS HTY-ST-ZIP	CITY-ST-ZIP			CITY-ST-	ZIP						
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  ITLE AME TREET ADDRESS CITY-ST-ZIP  ITLE AME TREET ADDRESS CITY-ST-ZIP  ITLE AME TREET ADDRESS CITY-ST-ZIP  ITLE AME STREET ADDRESS CITY-ST-ZIP  ITLE AME TREET ADDRESS CITY-ST-ZIP  ITLE AME TREET ADDRESS CITY-ST-ZIP  ITLE Change Addition Addition TREET ADDRESS CITY-ST-ZIP  ITLE CHANGE STREET ADDRESS CITY-ST-ZIP  ITLE CHANGE STREET ADDRESS CITY-ST-ZIP	TITLE		Delete	TITLE	··· <del>·</del>				☐ Change	noitibhA 🗍	
CITY-ST-ZIP  CHange Addition  Addition  Addition  Change Addition  Addition  CHange Addition  CHANGE  CITY-ST-ZIP  CITY-ST-ZIP	NAME				ľ				ட வளமு		
TITLE AME TREET ADDRESS ITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				DDRESS			,			
AMME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS TREET ADDRESS TREET ADDRESS TITLE NAME NAME TREET ADDRESS	CITY-ST-ZIP			CITY-ST-	ZIP						
AMME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS TREET ADDRESS TREET ADDRESS TITLE NAME NAME TREET ADDRESS	TITLE		☐ Delete								
TREET ADDRESS ITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE AME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	,	r neitit						□ Unange		
CITY-ST-ZIP	STREET ADDRESS				ODRESS						
TILE	CITY-ST-ZIP				<b>I</b>						
AME TREET ADDRESS TY-ST-ZIP Triange Tr			——————————————————————————————————————	<del></del>	LII	<del></del>	·				
TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	I		☐ Delete						Change	Addition	
ITY-ST-ZIP CITY-ST-ZIP	I				ſ						
0(1) 3(-2)ii	I	-			- I						
1. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 110 (27(0)). Figure 1.											
	11. I hereby c	ertify that the information supplied	with this filing does not qualify	for the exempt	ion stated in S	ection 110 0	7/3)/i) Florida Statutes !	further as "	6 . Ab		

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: SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-30-02

270 781-8000