

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005697

Entity Name: 2B2C INVESTMENTS LLC

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

3200 N. PALAFOX ST.
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

301 W. MALLORY STREET
PENSACOLA, FL 32501

New Mailing Address:

3200 N. PALAFOX STREET
PENSACOLA, FL 32501

FEI Number: 01-0677078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYNARD, ROBERT L JR.
301 W. MALLORY STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAYNARD, ROBERT L
Address: 301 W. MALLORY ST.
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM () Delete
Name: O'SULLIVAN, BRIAN P
Address: 2321 INVERNESS DR.
City-St-Zip: PENSACOLA, FL 32503

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: O'SULLIVAN, BRIAN P
Address: P.O. BOX 6513
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM () Change (X) Addition
Name: O'SULLIVAN, CATHERINE
Address: 2321 INVERNESS DRIVE
City-St-Zip: PENSACOLA, FL 32503

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: BRIAN O'SULLIVAN

MGRM

02/18/2009

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