

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007120

FILED  
Feb 26, 2004  
Secretary of State

Entity Name: S & B PROPERTY INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

1788 SW BARNETT WAY  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

FEI Number: 01-0652504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256

**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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CONE, SANDRA  
Address: 5271 SW 9TH WAY  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM ( ) Delete  
Name: ALLILIATED PROPERTY, MGMT, INC.  
Address: 13121 NW 19TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA CONE

MGRM

02/26/2004

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