

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007120

FILED
Apr 27, 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:

1788 SW BARNETT WAY
LAKE CITY, FL 32025

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:

CONE-RODEY, SANDRA
1788 SW BARNETT WAY
LAKE CITY, FL 32025

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: SANDRA CONE-RODEY

04/27/2004

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: MGRM (X) Change () Addition
Name: CONE-RODEY, SANDRA
Address: 5271 SW 9TH WAY
City-St-Zip: GAINESVILLE, FL 32608

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-RODEY

MGR

04/27/2004

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