

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90032 047 \*\*\*138.75

**DOCUMENT # L04000059723**

1. Entity Name  
CBSE PROPERTIES, LLC



Principal Place of Business  
4057 INDIAN BAYOU N.  
DESTIN, FL 32541

Mailing Address  
4477 LEGENDARY DRIVE  
SUITE 202  
DESTIN, FL 32541



2. Principal Place of Business - No P.O. Box #  
404 KELLY PLANTATION DR

3. Mailing Address

Suite, Apt. #, etc.  
# 1160

Suite, Apt. #, etc.

04292008 Chg-LLC CR2E083 (12/06)

City & State  
DESTIN, FL

City & State

4. FEI Number  
20-1478861

Applied For  
Not Applicable

Zip 32548 Country USA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTON, DAVID E  
4057 INDIAN BAYOU N.  
DESTIN, FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

404 KELLY PLANTATION DR # 1160

City DESTIN FL Zip Code 32541

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. I am familiar with, and accept the obligations of registered agent.

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME BARTON, DAVID E  
STREET ADDRESS 4057 INDIAN BAYOU N.  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 404 KELLY PLANTATION DR # 1160  
CITY-ST-ZIP DESTIN, FL 32541

TITLE MGRM ☐ Delete  
NAME BARTON, AMY J  
STREET ADDRESS 4057 INDIAN BAYOU N.  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 404 KELLY PLANTATION DR. # 1160  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/08

Date

850-582-3731

Daytime Phone #