

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068719

Entity Name: CAB PROPERTIES, LLC

FILED  
Apr 26, 2007  
Secretary of State

**Current Principal Place of Business:**

1217 A N. LAKE REEDY BLVD  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

**Current Mailing Address:**

1217 A N. LAKE REEDY BLVD  
FROSTPROOF, FL 33843

**New Mailing Address:**

FEI Number: 20-1740317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALDRICH, SIMONE B  
1217 A N. LAKE REEDY BLVD  
FROSTPROOF, FL 33843 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: ALDRICH, SIMONE B  
Address: 1217 A N. LAKE REEDY BLVD  
City-St-Zip: FROSTPROOF, FL 33843

Title: MGRM ( ) Delete  
Name: ALDRICH, TRACY  
Address: 1217 A N. LAKE REEDY BLVD  
City-St-Zip: FROSTPROOF, FL 33843

Title: MGRM ( ) Delete  
Name: BRANNEN, FARIS  
Address: 1217 N. LAKE REEDY BLVD  
City-St-Zip: FROSTPROOF, FL 33843

Title: MGRM ( ) Delete  
Name: BRANNEN, BETTY  
Address: 1217 N. LAKE REEDY BLVD  
City-St-Zip: FROSTPROOF, FL 33843

Title: MGRM ( ) Delete  
Name: CARTER, CLINTON C  
Address: 2509 DARRINGTON COURT  
City-St-Zip: MONTGOMERY, AL 36111

Title: MGRM ( ) Delete  
Name: BRANNEN CARTER, ELIZABETH  
Address: 2509 DARRINGTON COURT  
City-St-Zip: MONTGOMERY, AL 36111

**ADDITIONS/CHANGES:**

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

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

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

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

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 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: TRACY ALDRICH

MGRM

04/26/2007

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