

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068719

Entity Name: CAB PROPERTIES, LLC

FILED
Apr 14, 2008
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
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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

04/14/2008

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