2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L04000068719

Entity Name: CAB PROPERTIES, LLC

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 04/27/2009

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