


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90015 029 \*\*\*138.75


DOCUMENT # L04000075198

1. Entity Name  
FB INVESTMENTS, LLC



Principal Place of Business *1501 11th St. S.* Mailing Address  
~~3200 BAILEY LANE, SUITE 117~~ #203 ~~3200 BAILEY LANE, SUITE 117~~  
 NAPLES, FL 34105 ~~NAPLES, FL 34105~~ *Naples, FL 34102* *150 11th St. S.*  
*#203*  
*Naples FL 34102*

**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1766130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
825 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

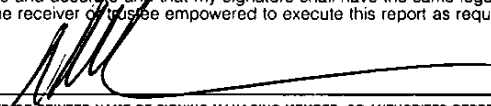
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEPHERD, NICK <i>150 11th St. S., #203</i> <del>3200 BAILEY LANE</del> <del>NAPLES, FL 34105</del> <i>Naples, FL 34102</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #