

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080689

Entity Name: F & B PROPERTIES, LLC

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

9136 TULIP AVE.
MEXICO BEACH, FL 32456

New Principal Place of Business:

HC3 BOX 98710
MEXICO BEACH, FL 32456

Current Mailing Address:

HC3 BOX 98710
MEXICO BEACH, FL 32456

New Mailing Address:

1109 CARRAWAY
TALLAHASSEE, FL 32308

FEI Number: 20-1841142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, BARBARA
9136 TULIP AVE.
MEXICO BEACH, FL 32456 US

Name and Address of New Registered Agent:

PALMER, BARBARA
1109 CARRAWAY
TALLAHASSEE, FL 32308 US

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: BARBARA PALMER

01/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALMER, BARBARA
Address: 9136 TULIP AVE.
City-St-Zip: MEXICO BEACH, FL 32456

Title: MGR () Delete
Name: CANNON, FRANCES
Address: 1109 CARRAWAY
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PALMER, BARBARA
Address: 1109 CARRAWAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR (X) Change () Addition
Name: CANNON, FRANCES
Address: 1109 CARRAWAY
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA PALMER

MGRM

01/10/2007

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