

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

138.75

FILED

08 MAR -5 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PK



03052008 Chg-LLC CR2E083 (12/06)

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|--|---|--|---|---|----------|
| DOCUMENT # L04000080689 1. Entity Name F & B PROPERTIES, LLC | | | | | |
| Principal Place of Business HC3 BOX 98710 MEXICO BEACH, FL 32456 | | | Mailing Address 1109 CARRAWAY TALLAHASSEE, FL 32308 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 7410 NW. 131st ST. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State - Gainesville, FL | | 4. FEI Number 20-1841142 | |
| Zip | | Zip 32653 | | Country USA | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent PALMER, BARBARA 1109 CARRAWAY TALLAHASSEE, FL 32308 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | FL | | Zip Code |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PALMER, BARBARA 1109 CARRAWAY TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700120089607 03/12/08--01016--008 **416.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CANNON, FRANCES 1109 CARRAWAY TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: | | Date: 3/5/08 | | Daytime Phone #: 850-933-9681 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |