

# 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)

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 131<sup>st</sup> St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State -

Gainesville, FL

Zip

Country

Zip

32453

Country

USA

4. FEI Number  
20-1841142

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, BARBARA  
1109 CARRAWAY  
TALLAHASSEE, FL 32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to  
Florida Department of State

*PK*

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PALMER, BARBARA  
1109 CARRAWAY  
TALLAHASSEE, FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700120089607  
03/12/08--01016--008 \*\*416.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CANNON, FRANCES  
1109 CARRAWAY  
TALLAHASSEE, FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Barbara Palmer*

3/5/08

Date

Daytime Phone #

850-933-9681