

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000089147

1. Entity Name

B & D PROPERTIES OF ST. GEORGE ISLAND, LLC



Principal Place of Business

123 WEST GULF BEACH DRIVE
ST. GEORGE ISLAND, FL 32328

Mailing Address

123 WEST GULF BEACH DRIVE
ST. GEORGE ISLAND, FL 32328



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1994953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHULER, THOMAS M
34-4TH STREET
APALACHICOLA, FL 32320

**DO NOT WRITE
IN THIS SPACE**

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

U00000837394
03/04/08-80055-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PRICKETT, DIANA
STREET ADDRESS	425 WEST BAY SHORE DRIVE
CITY- ST- ZIP	ST. GEORGE ISLAND, FL 32328
TITLE	MGRM
NAME	MATHIS, BARBARA
STREET ADDRESS	199-24TH AVENUE
CITY- ST- ZIP	APALACHICOLA, FL 32320
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

2-21-08 850-927-2322

Date

Daytime Phone #