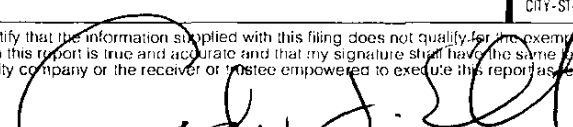


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90004 041 ***138.75

50009007

DOCUMENT # L04000093089 1. Entity Name TAB PROPERTIES, LLC					
Principal Place of Business 11555 CENTRAL PARKWAY SUITE 1104 JACKSONVILLE, FL 32224 US			Mailing Address 11555 CENTRAL PARKWAY SUITE 1104 JACKSONVILLE, FL 32224 US		
2. Principal Place of Business - No P.O. Box # 364 OSCEOLA AVE Suite, Apt. #, etc.		3. Mailing Address 364 OSCEOLA AVE Suite, Apt. #, etc.			
City & State JACKSONVILLE BEACH, FL		City & State JACKSONVILLE BEACH, FL		4. FEI Number 51-0532021	
Zip 32250		Country DUVAL		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOYLE, WILLIAM E ESQUIRE 2002 SOUTHSIDE BOULEVARD SUITE 201 JACKSONVILLE, FL 32216				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, ROBERT J 436 S. LAKEWOOD RUN DRIVE PONTE VEDRA BEACH, FL 32082	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EBERT, ANDREW J 220 SHELL BLUFF COURT PONTE VEDRA BEACH, FL 32082	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETIT, THEODORE F JR. 1213 JAMAICA ROAD W JACKSONVILLE, FL 32216	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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			Date: 7/29/08 (904)2462402		