

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002811

Entity Name: SOB PROPERTIES, LLC

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

910 HIGHWAY 98 EAST
DESTIN, FL 32541

New Principal Place of Business:

856 HARBOR BLVD.
DESTIN, FL 32541

Current Mailing Address:

910 HIGHWAY 98 EAST
DESTIN, FL 32541

New Mailing Address:

856 HARBOR BLVD.
DESTIN, FL 32541

FEI Number: 20-2140414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MARTIN H
910 HIGHWAY 98 EAST
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

WILLIAMS, MARTIN H
856 HARBOR BLVD.
DESTIN, FL 32541 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:

01/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, MARTIN H
Address: 910 HIGHWAY 98 EAST
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: SABOTKA, SHANNON
Address: 910 HIGHWAY 98 EAST
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, MARTIN H
Address: 856 HARBOR BLVD.
City-St-Zip: DESTIN, FL 32541

Title: MGRM (X) Change () Addition
Name: SABOTKA, SHANNON
Address: 856 HARBOR BLVD.
City-St-Zip: DESTIN, FL 32541

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: SHANNON SOBOTKA

MGRM

01/31/2006

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