

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90033 010 \*\*\*138.75

<b>DOCUMENT # L05000028547</b>					
<b>1. Entity Name</b> TBB PROPERTIES LLC					
<b>Principal Place of Business</b> 3725 OVERLOOK DRIVE TALLAHASSEE, FL 32311			<b>Mailing Address</b> 3725 OVERLOOK DRIVE TALLAHASSEE, FL 32311		
<b>2. Principal Place of Business - No P.O. Box #</b> 1836 LAKESHORE LN		<b>3. Mailing Address</b> 1836 LAKESHORE LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> TALLAHASSEE FL.		<b>City &amp; State</b> TALLAHASSEE FL.		<b>4. FEI Number</b> 20-2537030	
<b>Zip</b> 32312		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BARTLETT, THOMAS 3725 OVERLOOK DRIVE TALLAHASSEE, FL 32311		<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 1836 LAKESHORE LN City TALLAHASSEE FL. FL Zip Code 32312			
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR BARTLETT, THOMAS JR. 3725 OVERLOOK DRIVE TALLAHASSEE, FL 32311		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	THOMAS BARTLETT 1836 LAKESHORE LN TALLAHASSEE FL. 32312	
[Delete]			[Change] [Addition]		
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Tom Bartlett</u> <u>TOM BARTLETT</u>			4/30/08 (450) 478-6571		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		