

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L05000032657

1. Entity Name
B & L INVESTMENT PROPERTIES, LLC



Principal Place of Business
**700 OHIO AVE.
LYNN HAVEN, FL 32444**

Mailing Address
**700 OHIO AVE.
LYNN HAVEN, FL 32444**



03142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3189528

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BABER, BRIAN
700 OHIO AVE.
LYNN HAVEN, FL 32444**

**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**

000000890918
04/25/08-50004-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BABER, BRIAN
312 MEADOWVIEW TERRACE
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BABER, LEWIS E
2312 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BABER, DONNA
2312 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BABER, JESSICA
312 MEADOWVIEW TERR.
LYNN HAVEN, FL 32444**

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

4-3-08

Date

850-265-6047

Daytime Phone #