

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077091

FILED
Apr 24, 2009
Secretary of State

Entity Name: K & B INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

700 OHIO AVE.
LYNN HAVEN, FL 34444

New Principal Place of Business:

439 GRACE AVENUE
PANAMA CITY, FL 32401

Current Mailing Address:

700 OHIO AVE.
LYNN HAVEN, FL 34444

New Mailing Address:

439 GRACE AVENUE
PANAMA CITY, FL 32401

FEI Number: 20-3230021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BABER, BRIAN
700 OHIO AVE.
LYNN HAVEN, FL 34444 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KOEHNEMANN, RICK
Address: 700 OHIO AVE.
City-St-Zip: LYNN HAVEN, FL 34444

Title: MGRM () Delete
Name: BABER, LEWIS
Address: 700 OHIO AVE.
City-St-Zip: LYNN HAVEN, FL 34444

Title: MGRM () Delete
Name: BABER, BRIAN
Address: 700 OHIO AVE.
City-St-Zip: LYNN HAVEN, FL 34444

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOEHNEMANN, RICK
Address: 439 GRACE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RICK KOEHNEMANN

MGRM

04/24/2009

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