

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090985

FILED
Jan 11, 2007
Secretary of State

Entity Name: BABIKOW PROPERTIES, LLC

Current Principal Place of Business:

7410 KLONDIKE ROAD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10886
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 20-3547498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOOREHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 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: MGRM () Delete
Name: BABIKOW, PAUL D
Address: P.O. BOX 10886
City-St-Zip: PENSACOLA, FL 32524

Title: MGRM () Delete
Name: BABIKOW, MAUREEN G
Address: P.O. BOX 10886
City-St-Zip: PENSACOLA, FL 32524

Title: MGRM () Delete
Name: MIETLING, BONNIE B
Address: P.O. BOX 10886
City-St-Zip: PENSACOLA, FL 32524

Title: MGRM () Delete
Name: MARKOWITZ, JOHN P
Address: P.O. BOX 10886
City-St-Zip: PENSACOLA, FL 32524

Title: MGRM () Delete
Name: MARKOWITZ, CHERYL B
Address: P.O. BOX 10886
City-St-Zip: PENSACOLA, FL 32524

Title: MGRM () Delete
Name: BABIKOW, MARK R
Address: P.O. BOX 10886
City-St-Zip: PENSACOLA, FL 32524

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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 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: BONNIE B MIETLING

MS

01/11/2007

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