2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L05000090985

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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BONNIE B MIETLING MGRM 04/28/2009

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