

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096841

FILED
Jul 28, 2008
Secretary of State

Entity Name: B ROW PROPERTIES LLC

Current Principal Place of Business:

2970 OAK STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

4204 HERSCHEL ST
#129
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-3560309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

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: BOYD, WILLIAM
Address: 2970 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM () Delete
Name: MCINTYRE, CATHERINE
Address: 2970 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM () Delete
Name: BOBECK, ELISABETH
Address: 1717 EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM () Delete
Name: BOBECK, JOHN
Address: 1717 EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32205

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:

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: WILLIAM BOYD

MGRM

07/28/2008

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