2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# L06000008282

Entity Name: T & B PROPERTIES LLC

Current Principal Place of Business:

402 LOBELIA ROAD
ST AUGUSTINE, FL 32086

New Principal Place of Business:

100 MASTERS DRIVE
ST AUGUSTINE, FL 32084

Current Mailing Address:

402 LOBELIA ROAD
ST AUGUSTINE, FL 32086

New Mailing Address:

100 MASTERS DRIVE
ST AUGUSTINE, FL 32084

FEI Number: 20-4172037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, TODD B
402 LOBELIA ROAD
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

WILSON, TODD B
100 MASTERS DRIVE
ST AUGUSTINE, FL 32084 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: TODD WILSON 03/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WILSON, TODD B
Address: 402 LOBELIA ROAD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR ( ) Delete
Name: WILSON, BRENDA C
Address: 402 LOBELIA ROAD
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILSON, TODD B
Address: 100 MASTERS DRIVE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGR (X) Change ( ) Addition
Name: WILSON, BRENDA C
Address: 100 MASTERS DRIVE
City-St-Zip: ST AUGUSTINE, FL 32084

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: BRENDA C. WILSON MGR 03/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date