

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015078

FILED
Jun 26, 2009
Secretary of State

Entity Name: C & B PROPERTY INVESTMENTS, LLC

Current Principal Place of Business:

4806 W. COMMERCIAL BLVD
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

126 NW MADISON COURT
PORT SAINT LUCIE, FL 34986

New Mailing Address:

PO BOX 25846
TAMARAC, FL 33320

FEI Number: 20-4350850 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:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 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: CORREA, JOSEPH A
Address: PO BOX 25631
City-St-Zip: TAMARAC, FL 33320

Title: MGRM (X) Delete
Name: CORREA, DIANA L
Address: PO BOX 25631
City-St-Zip: TAMARAC, FL 33320

Title: MGRM () Delete
Name: POUX, JASON
Address: PO BOX 25631
City-St-Zip: TAMARAC, FL 33320

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORREA, JOSEPH A
Address: PO BOX 25846
City-St-Zip: TAMARAC, FL 33320

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

Title: MGRM (X) Change () Addition
Name: POUX, JASON
Address: PO BOX 25846
City-St-Zip: TAMARAC, FL 33320

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: JASON POUX

MGRM

06/26/2009

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