

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000Q17571



1. Entity Name
SNB PROPERTY INVESTMENTS LLC

Principal Place of Business
5474 WARD LAKE DRIVE
PORT ORANGE, FL 32128

Mailing Address
5474 WARD LAKE DR
PORT ORANGE, FL 32128



04222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4325368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNEER, KHALID
5474 WARD LAKE DRIVE
PORT ORANGE, FL 32128

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MUNEER, SHABNAM
STREET ADDRESS	3 VILLAGE LANE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	MGRM
NAME	SITARAM, BIBI N
STREET ADDRESS	5474 WARD LAKE DR
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	MGRM
NAME	SITARAM, CHATERAM
STREET ADDRESS	5474 WARD LAKE DR
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-7-08 362374444