


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L06000029417 | | | |  | |
| 1. Entity Name BILLIE-BANNER PROPERTIES, LLC | | | | | |
| Principal Place of Business 1111 BALBOA AVENUE DAYTONA BEACH, FL 32114 | | | Mailing Address 1111 BALBOA AVENUE DAYTONA BEACH, FL 32114 | | |
| 2. Principal Place of Business - No P.O. Box # 3760 JUNIPER LN. | | 3. Mailing Address 3760 JUNIPER LN. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State ORMOND BEACH, FL | | City & State ORMOND BEACH, FL | | 4. FEI Number 20-8333544 | |
| Zip 32174 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LANE, K. JUDITH ESQ. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 _____ (NOTE: Registered Agent signature required when replacing) | | | | | |
| FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BEST, EDWIN W 1111 BALBOA AVENUE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR. BEST, EDWIN W 3760 JUNIPER LN. ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07072008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when replacing)

DATE

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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10. ADDITIONS/CHANGES

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MGR.
BEST, EDWIN W
3760 JUNIPER LN.
ORMOND BEACH, FL 32174 ☒ Change ☐ AdditionTITLE
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☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE