

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003847

Entity Name: B & S PROPERTIES LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

404 DUVAL ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

404 DUVAL ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 22-3952823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BITON, COURTNEY
404 DUVAL ST.
KEY WEST, FL 33040 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: BITON, COURTNEY
Address: 404 DUVAL ST.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: SHADOW, JUSTIN
Address: 4255 SKYLINE RD
City-St-Zip: CARLSBAD, CA 92008

Title: MGRM () Delete
Name: SHADOW, MARC
Address: 4255 SKYLINE RD
City-St-Zip: CARLSBAD, CA 92008

Title: MGRM () Delete
Name: BITON, YORAM
Address: 3714 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

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: JUSTIN SHADOW

MGRM

04/28/2008

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