

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003847

Entity Name: B & S PROPERTIES LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

404 DUVAL ST.
KEY WEST, FL 33040

New Principal Place of Business:

725 DUVAL ST.
KEY WEST, FL 33040

Current Mailing Address:

404 DUVAL ST.
KEY WEST, FL 33040

New Mailing Address:

725 DUVAL ST.
KEY WEST, FL 33040

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:

BITON, COURTNEY
725 DUVAL ST.
KEY WEST, FL 33040 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:

04/07/2009

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: MGRM (X) Change () Addition
Name: BITON, COURTNEY
Address: 725 DUVAL ST.
City-St-Zip: KEY WEST, FL 33040

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

04/07/2009

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