

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90132 007 \*\*\*138.75

<b>DOCUMENT # L07000010933</b> 1. Entity Name <b>K&amp;B PROPERTIES, LLC</b>					
Principal Place of Business <b>11001 DANKA WAY NORTH, UNIT 1 ST. PETERSBURG, FL 33716</b>			Mailing Address <b>11001 DANKA WAY NORTH, UNIT 1 ST. PETERSBURG, FL 33716</b>		
2. Principal Place of Business - No P.O. Box # <b>11001 DANKA WAY N. Suite, Apt. #, etc. #3</b>		3. Mailing Address <b>11001 DANKA WAY N. Suite, Apt. #, etc. #3</b>			
City & State <b>ST. PETERSBURG FL</b>		City & State <b>ST. PETERSBURG, FL</b>		4. FEI Number <b>20-8696722</b>	
Zip <b>33716</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BARGER, KIMBERLY E 11001 DANKA WAY NORTH, UNIT 1 ST. PETERSBURG, FL 33716</b>			7. Name and Address of New Registered Agent Name <b>KIMBERLY E. BARGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>11001 DANKA WAY NORTH UNIT #3</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33716</b>		
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 <b>KIMBERLY E. BARGER</b> <b>1-7-08</b> <small>(Signature of holder, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARGER, KIMBERLY E 11001 DANKA WAY NORTH, UNIT 3 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, ROBERT E 11001 DANKA WAY NORTH, UNIT 3 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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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: <b>KIMBERLY E. BARGER</b> <b>1-7-08</b> <b>727-520-7711</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		