


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L07000010933**

1. Entity Name  
**K&B PROPERTIES, LLC**



Principal Place of Business  
**11001 DANKA WAY NORTH, UNIT 1  
 ST. PETERSBURG, FL 33716**

Mailing Address  
**11001 DANKA WAY NORTH, UNIT 1  
 ST. PETERSBURG, FL 33716**

**60007044**



2. Principal Place of Business - No P.O. Box #  
**11001 DANKA WAY N.  
 Suite, Apt. #, etc.  
 #3**

3. Mailing Address  
**11001 DANKA WAY N.  
 Suite, Apt. #, etc.  
 #3**

01042008 Chg-LLC CR2E083 (12/06)

City & State  
**ST. PETERSBURG FL**

City & State  
**ST. PETERSBURG, FL**

Zip  
**33716**

Country  
**USA**

Zip  
**33716**

Country  
**USA**

4. FEI Number  
**20-8696722**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARGER, KIMBERLY E  
 11001 DANKA WAY NORTH, UNIT 1  
 ST. PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent

Name  
**KIMBERLY E. BARGER**

Street Address (P.O. Box Number is Not Acceptable)  
**11001 DANKA WAY NORTH  
 UNIT #3**

City  
**ST. PETERSBURG**

State  
**FL**

Zip Code  
**33716**

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  **KIMBERLY E. BARGER** 1-7-08

Signature of holder, 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**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **KIMBERLY E. BARGER** 1-7-08 727-520-7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #