2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000061

1. Entity Name

S & S INVESTMENT PROPERTIES, L.C.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
601 ST. JOHNS AVENUE	601 ST. JOHNS AVENUE
PALATKA FL 32177	PALATKA FL 32177-4643

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-2078540 — Applied For / Not Applicable
Zip | Country	Zip | Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
SMITH, TITO S 601 ST. JOHNS AVENUE PALATKA FL 32177	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS | **10. ADDITIONS / CHANGES**

TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, TITO S		NAME		
STREET ADDRESS	601 ST. JOHNS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP		

TITLE	MEM	☐ Delete	TITLE	MEM	☒ Change ☐ Addition
NAME	SMITH, KELLEY JR.		NAME	SMITH, KELLEY JR.	
STREET ADDRESS	RT. 2, BOX 1746		STREET ADDRESS	P. O. Box 75	
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP	Bostwick, FL 32007	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Tito S. Smith_ 1/10/00 904-328-6778

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