


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000000977</b>	
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1. Entity Name  
**B&S PROPERTIES OF NAPLES, LLC**

Principal Place of Business <b>#4 COLONIAL DRIVE NAPLES, FL 34112</b>	Mailing Address <b>PO BOX 4464 GILLETTE, WY 82717</b>
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01262008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4235756</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BARTON, DONALD L #4 COLONIAL DRIVE NAPLES, FL 34112</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000806998  
02/06/08-80063-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONALD L. BARTON REVOCABLE TRUST DATED AUG P.O. BOX 4464 GILLETTE, WY 82717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYLA JO BARTON REVOCABLE TRUST DATED AUGUS P.O. BOX 4464 GILLETTE, WY 82717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEESLEY, DALE 1856 LOBARDY LANE RAPID CITY, SD 57701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **1-(307)**  
**1-26-08 680-9840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #