

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**


FILED

2007 APR 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000214

1. Entity Name
B & B INVESTMENTS MANAGEMENT, LTD.



Principal Place of Business
590 WEST 20 STREET
HIALEAH, FL 33010-2400

Mailing Address
590 WEST 20 STREET
HIALEAH, FL 33010-2400

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
760 Ponce de Leon Blvd

Suite, Apt. #, etc.

City & State
Coral Gables FL

Zip Country
33134 Miami Dade

02052007 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0507104

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACERAS, WILFRED
590 WEST 20 STREET
HIALEAH, FL 33010-2400

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000009031	STREET ADDRESS	
NAME	GEJK, INC.	CITY-ST-ZIP	
STREET ADDRESS	590 WEST 20 ST.		
CITY-ST-ZIP	HIALEAH, FL 330102400		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	508101616565
NAME		CITY-ST-ZIP	05/04/07--01047--005 **508.75
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: WILFRED BRACERAS, PRESIDENT *W. Fred Braceras* 04/11/07.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #