


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90087 037 ***138.75

60003888



DOCUMENT # L05000013916			
1. Entity Name BBB PROPERTIES AND INVESTMENTS LLC			
Principal Place of Business 245 S HIGHLAND ST SUITE #1 MT. DORA, FL 32757		Mailing Address 29031 SHIRLEY SHORES ROAD TAVARES, FL 32778	
2. Principal Place of Business, No P.O. Box # 242 S. CENTRAL AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State APOPKA, FL		City & State	
4. FEI Number 20-2359656		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01232008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BROCK, PAULETTE B 29031 SHIRLEY SHORES RD TAVARES, FL 32778		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reissuing) _____ 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROCK, PAULETTE B 29031 SHIRLEY SHORES RD TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRD, RICHARD T 2961 WESTGATE DR EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROCK, MICHELLE 29027 SHIRLEY SHORES RD TAVARES, FL 32778 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Paulette B. Brock</i>		Date: <i>1/23/08</i> Daytime Phone #: <i>407-885-5932</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			