


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000108676**

1. Entity Name  
**B AND B PROFESSIONAL BLDG., LLC**



Principal Place of Business      Mailing Address

**8191 COLLEGE PARKWAY, SUITE #310**      **3575 BONITA BEACH ROAD**  
**FORT MYERS, FL 33919**                      **BONITA SPRINGS, FL 34134**

**DO NOT WRITE IN THIS SPACE**



01032007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3764172</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HEMPHILL, BEVERLY**  
**3575 BONITA BEACH ROAD**  
**BONITA SPRINGS, FL 34134**

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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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

U00000597540  
 01/17/07-80036-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HEMPHILL, BEVERLY J 28572 HICKORY BLVD BONITA SPRINGS, FL 341349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HEMPHIL, ROBERT 28572 HICKORY BLVD BONITA SPRINGS, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Robert Hemphill, Pres.      Date 1-4-07      Daytime Phone # 234-273-0621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE