

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108676

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: B AND B PROFESSIONAL BLDG., LLC

**Current Principal Place of Business:**

8191 COLLEGE PARKWAY, SUITE #310  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

3575 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 20-3764172      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: VPT      ( ) Delete  
Name: HEMPHILL, BEVERLY J  
Address: 26572 HICKORY BLVD  
City-St-Zip: BONITA SPRINGS, FL 341349

Title: PS      ( ) Delete  
Name: HEMPHIL, ROBERT  
Address: 26572 HICKORY BLVD  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BEVERLY J HEMPHILL      VPT      01/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date