

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 FEB 16 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152009 REIN-LLC CR2E101 (1/07)

DOCUMENT # L07000058376

1. Entity Name
B&B DEERFIELD BEACH PROPERTIES, L.L.C.

Principal Place of Business 616 SE 20TH AVENUE, UNIT 301 DEERFIELD BEACH, FL 33441	Mailing Address 616 SE 20TH AVENUE, UNIT 301 DEERFIELD BEACH, FL 33441
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2. Principal Place of Business - No P.O. Box # 701 SOUTH OCEAN WAY	3. Mailing Address 701 SOUTH OCEAN WAY
Suite, Apt. #, etc. UNIT 306	Suite, Apt. #, etc. UNIT 306

City & State DEERFIELD BEACH, FL	City & State DEERFIELD BEACH, FL
Zip 33441	Country BROWARD

4. FEJ Number 26-2298939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARMOR, SETH A
SHAPIRO, BLASI, WASSERMAN & GORA, P.A.
7777 GLADES ROAD, SUITE 400
BOCA RATON, FL 33434**

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 *Seth Marmor* - **SETH A. MARMOR, 1-15-2009**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX, WILLIAM 616 SE 20TH AVENUE, #301 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX, BARBARA 616 SE 20TH AVENUE, #301 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER 701 SOUTH OCEAN WAY, UNIT 306 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 701 SOUTH OCEAN WAY, UNIT 306 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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01/23/09--01046--019 **377.50

REINSTATEMENT 01-15-09
AL 2-17-09

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: *Barbara Cox* 1-15-2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BARBARA COX, MANAGING MEMBER