2001 UNIFORM BUSINESS REPORT (UBR)

200	1 UNII	FORM BUS	INESS REPO	RT	(UBR)	APPRUVE.	
DOCUMENT # A9500000484 1. Entity Name B.B./4, LTD.					APPROVE. AND FILED		
						01 APR 27 PM 6: 11	
Principal Plan 1150 CENTRA NAPLES FL 3	Mailing Address 1150 CENTRAL AVENUE NAPLES FL 34102	150 CENTRAL AVENUE		SECRETARY OF STATE TAULAHASSEE, FLORIDA			
						A 1887 BALL SOLO SOLOS DELLE BOLL BOLL BOLL BOLL BOLL BOLL BOLL	
2. Principal Place of Business			3. Mailing Address				
Suitę, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State		J., 72.44.1.3.1.4.4.	4. FEI Number 65-0617572 Applied For Not Applicable	
Zip		Country	Zip	Zip Country US		5. Certificate of Status Desired See Required	
	6. Name	and Address of Current	Registered Agent	0.		7. Name and Address of New Registered Agent	
					Name		
MORRISO	N, DAVID N	ESQ.				Coleman s (P.O. Box Number is Not Acceptable)	
l gliest					4001 Ta	miami Trail North	
NAPLES F	FL 33940					ì	
					Suite 300 City Zip Code		
<u> </u>					Naples FL Zip Code 34103		
8. The above	e named entity	submits this statement for	or the purpose of changing its	register	ed office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE	Signature byted o	r printed name of registered agent	and title if applicable (NOTE	in G	Coleman ed Agent signature requi	February 23. 2001 DATE DATE	
9. Capital Co		' 	10. Amount of Capita			11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
	on record.	\$7,500.00	in FLORIDA to da		\$7,500.0		
						STERED AND ACTIVE WITH THIS OFFICE.	
12.	NOTE:	GENERAL PARTNE		e form		ADDRESS CHANGES ONLY	
DOCUMENT #	L22501	GENERAL FAMINE	N INFORMATION	13.		ADDRESS CHANGES UNLY	
NAME STREET ADDRESS CITY-ST-ZIP	E CONTINENTAL CONSTRUCTION OF S.W. I 1150 CENTRAL AVENUE				EET ADDRESS 	003 (1/0)	
DOCUMENT #	NAPLES FL	34102		\blacksquare			
NAME STREET ADDRESS				STRE	EET AODRESS	9000041940892 ⁰	
CITY-ST-ZIP				CITY	'-ST-ZIP	****141.25 ****141.25	
NAME				STRE	EET ADDRESS		
STREET ADORESS CITY-ST-ZIP				CITY	'-ST-ZIP		
DOCUMENT ≠ NAME				STRE	EET ADDRESS	<u></u>	
STREET ADORESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT # NAME				STRE	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	. •			CITY	-ST-ZIP		
DOCUMENT #			,	STRE	ET ADDRESS		
STREET ADDRESS SITY-ST-ZIP					-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accordate and that my signatures 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 Continental Construction of Southwest Florida, Inc., General Partner SIGNATURE: By: SIGNATURE: By: SIGNATURE OF TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER.							
	~·· ~ ; ~	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GENERAL	PARTNE	R	Date (OA1) A2A Gring-Phone #	