

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90078 018 ****50.00

DOCUMENT # L00000005417

1. Entity Name

BB CAPITAL, L.L.C.



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DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**4000 HOLLYWOOD BLVD.. SUITE 735 SOUTH TOWER
R
HOLLYWOOD FL 33021**

**10380 WILSHIRE BLVD.. SUITE 1704
LOS ANGELES CA 90024**

2. Principal Place of Business

3. Mailing Address

131 TAMIT PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM DESERT, CA

4. FEI Number

58-2599454

Applied For

Not Applicable

Zip

Country

Zip

Country

92260 U.S.

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GABLE, MICHAEL P
4000 HOLLYWOOD BOULEVARD
SUITE 735 SOUTH TOWER
HOLLYWOOD FL 33021-6755**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BURTON, MARY E
10380 WILSHIRE BLVD. #1704
LOS ANGELES CA 90024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BURTON, MARY E
131 TAMIT PLACE
PALM DESERT, CA 92260** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 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: Mary E. Burton **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-02 310-993-1998

Date

Daytime Phone #

CR2E083 (9/01)