

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90205 032 ****50.00

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DOCUMENT # L00000005889

1. Entity Name
B & B PROPERTIES, LIMITED LIABILITY COMPANY

Principal Place of Business
PO BOX 462
NOKOMIS FL 34274
Mailing Address
PO BOX 462
NOKOMIS FL 34274



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
4. FEI Number 65-1007676
Applied For
Not Applicable
5. Certificate of Status Desired
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BADIALI, CHERYL
62 WINDSOR DRIVE
ENGLEWOOD FL 34223
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.

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

Table with 2 main columns: 9. MANAGING MEMBERS / MANAGERS and 10. ADDITIONS / CHANGES. Each row contains fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, or 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date: 4/30/02 Daytime Phone #: 941-473-7746

CR2E083 (9/01)