

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009662

FILED
Apr 22, 2008
Secretary of State

Entity Name: B-B REDEVELOPMENT TEAM, L.L.C.

Current Principal Place of Business:

1717 INDIAN RIVER BLVD.
SUITE 202A
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1717 INDIAN RIVER BLVD.
SUITE 202A
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-7220224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCK, SAMUEL A PA
21 ROYAL PALM POINTE
SUITE 100
VERO BEACH, FL 32960 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: MGRM () Delete
Name: BARTH, PHILLIP H III
Address: 1717 INDIAN RIVER BLVD., SUITE 202A
City-St-Zip: VERO BEACH, FL 32960

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: M () Change (X) Addition
Name: BLOCK, CHARLES E
Address: 900 21ST STREET
City-St-Zip: VERO BEACH, FL 32960

Title: M () Change (X) Addition
Name: TIGER DAWG DEVELOPME, NT
Address: 1201 19TH PL, SUITE A400
City-St-Zip: VERO BEACH, FL 32960

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: PHILLIP H BARTH, III

MGRM

04/22/2008

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