

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002284

Entity Name: BBF, LLC

FILED  
May 15, 2008  
Secretary of State

## Current Principal Place of Business:

5311 26TH ST SW  
LEHIGH ACRES, FL 33971

## New Principal Place of Business:

3204 RIVER GROVE CIRCLE  
FORT MYERS, FL 33905

## Current Mailing Address:

3204 RIVER GROVE CIRCLE  
FORT MYERS, FL 33905

## New Mailing Address:

FEI Number: 01-0648150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

COSS, ROBERT H  
3204 RIVER GROVE CIRCLE  
FORT MYERS, FL 33905      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: MGR ( ) Delete  
Name: COSS, ROBERT H MGR  
Address: 3204 RIVER GROVE CIRCLE  
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGRM ( ) Delete  
Name: SCOTT, ORVILLE D MGRM  
Address: 101 PAULA AVE. N.  
City-St-Zip: LEHIGH ACRES, FL 33970 US

## ADDITIONS/CHANGES:

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

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

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: ROBERT H COSS

M

05/15/2008

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