

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000004384**

**1. Entity Name**  
**B.B. RIVERSIDE DEVELOPMENT, LLC**



**Principal Place of Business**  
**122 15TH AVENUE NORTH**  
**JACKSONVILLE BEACH, FL 32250**

**Mailing Address**  
**122 15TH AVENUE NORTH**  
**JACKSONVILLE BEACH, FL 32250**



01232005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**02-0550643**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**PATTERSON, BOND & LATSHAW, P.A.**  
**3010 SOUTH THIRD STREET**  
**JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE  
IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

*(NOTE: Registered Agent signature required when reinstating)*

**DATE**

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

000001214083  
01/29/05-80057-003 55.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**MCCANN, MICHAEL T**  
**2311 OCEAN WALK DRIVE**  
**ATLANTIC BEACH, FL 32233**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

**MICHAEL T. MCCANN 1/24/05 904-982-1545**

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

**Date**

**Daytime Phone #**