

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000007790

1. Entity Name
BIB, LLC



Principal Place of Business
4501 N. DAVIS HIGHWAY
PENSACOLA, FL 32503

Mailing Address
PO BOX 12646
C/O STEPHEN BURGESS
PENSACOLA, FL 32574



01242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0089672

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRVIN, E. COY JR
4501 N DAVID HIGHWAY
PENSACOLA, FL 32503

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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	IRVIN, E. COY JR
STREET ADDRESS	4501 N DAVIS HWY
CITY- ST- ZIP	PENSACOLA, FL 32503
TITLE	MGRM
NAME	BELK, WILLIAM W
STREET ADDRESS	4501 N DAVIS HWY
CITY- ST- ZIP	PENSACOLA, FL 32503
TITLE	MGRM
NAME	BRANNON, H. DAVID
STREET ADDRESS	4501 N DAVIS HWY
CITY- ST- ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000210971
02/02/05-80091-017 50.00

**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: x [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

x 1/27/05