

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000012146

**FILED**  
**Oct 02, 2008**  
**Secretary of State**

**Entity Name:** B & B INVESTMENTS GROUP, LLC

**Current Principal Place of Business:**

1018 NANCY GAMBLE LANE  
ELLENTON, FL 34222

**New Principal Place of Business:**

**Current Mailing Address:**

1018 NANCY GAMBLE LANE  
ELLENTON, FL 34222

**New Mailing Address:**

**FEI Number:** 01-0687963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARON, JAIME  
1018 NANCY GAMBLE LANE  
ELLENTON, FL 34222 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: BARON, JAIME A  
Address: 1018 NANCY GAMBLE LANE  
City-St-Zip: ELLENTON, FL 34222

Title: MGR ( ) Delete  
Name: BARON-RAMIREZ, HAYDEE  
Address: 1018 NANCY GAMBLE LANE  
City-St-Zip: ELLENTON, FL 34222

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: DEBARON, KAREN  
Address: 1018 NANCY GAMBLE LANE  
City-St-Zip: ELLENTON, FL 34222

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:** JAIME A. BARON

MGR

10/02/2008

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