

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012660

FILED
Feb 22, 2007
Secretary of State

Entity Name: B & B FLORIDA INVESTMENTS, LLC

Current Principal Place of Business:

445 DELMAR TERR S
SUITE 2
SAINT PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 55488
SAINT PETERSBURG, FL 33732 US

New Mailing Address:

FEI Number: 30-0079907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, WILLIAM L
445 DELMAR TERR S STE 2
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

DAVIS, BONITA V
445 DELMAR TERR S STE 2
SAINT PETERSBURG, FL 33701 US

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: BONITA V DAVIS

02/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIS, WILLIAM L
Address: 445 DELMAR TERR S STE 2
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: MGRM (X) Delete
Name: DAVIS, BONITA V
Address: 445 DELMAR TERR S STE 2
City-St-Zip: SAINT PETERSBURG, FL 33701 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVIS, BONITA V
Address: 445 DELMAR TERR S STE 2
City-St-Zip: SAINT PETERSBURG, FL 33701 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BONITA V DAVIS

MGRM

02/22/2007

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