LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90065 005 ****50.00

DOCUMENT # L02000012660

1. Entity Name
B & B Florida Investments, LLC

DO NOT WRITE IN THIS SPACE

20020325
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2. Principal Place of Business	3. Mailing Address
445 Delmar Terr S	P. O. BOX 55488
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.:
City & State: SAINT PETERSBURG FL	City & State: SAINT PETERSBURG FL
Zip: 33701 Country: USA	Zip: 33732-5488 Country: USA

4. FEI Number 30-0079907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: DAVIS, WILLIAM L

Street Address (P.O. Box Number is Not Acceptable): 445 DELMAR TERR S, SUITE 2

City: SAINT PETERSBURG FL Zip Code: 33701

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 _____ 1-24-2003
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	DAVIS, WILLIAM L
STREET ADDRESS	445 DELMAR TERR S, SUITE 2
CITY-ST-ZIP	SAINT PETERSBURG FL 33701 USA
TITLE	MGRM
NAME	DAVIS, BONITA V.
STREET ADDRESS	445 DELMAR TERR S, SUITE 2
CITY-ST-ZIP	SAINT PETERSBURG FL 33701 US
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ 1-24-03 727-892-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #