

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90122 043 ****50.00

20053208




02032005 No Chg-LLC CR2E083 (10/03)

| | |
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| 4. FEI Number 82-0578007 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

DOCUMENT # L02000019544

1. Entity Name
BB&B, LLC



| | |
|--|---|
| Principal Place of Business P. O. BOX 363633 SAN JUAN, PR 00936 PR | Mailing Address 220 MIRACLE MILE 206 CORAL GABLES, FL 33134 PR |
|--|---|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARNALDO VELEZ, P.A.
35 ALMERIA AVENUE
MIAMI, FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARREIRO, ARTURO PO BOX 363633 SAN JUAN, PR 00936 |
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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 606, Florida Statutes.

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

Date _____ Daytime Phone # _____