

FILED
May 14, 2003 8:00 am
Secretary of State

4/25

04-25-2003 90761 019 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000028168

1. Entity Name
B & B DEVELOPMENT SERVICES L.L.C.

Principal Place of Business
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

Mailing Address
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

44001493



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2600 SW 3rd Avenue

3. Mailing Address
2600 SW 3rd Avenue

Suite, Apt. #, etc.
730

Suite, Apt. #, etc.
Suite 730

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
45-0490302

Applied For
Not Applicable

Zip
33129

Country
USA

Zip
33129

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERA, OSCAR R ESQ.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

Name
Guzman, Mario

Street Address (P.O. Box Number is Not Acceptable)
Two Doton Center

9130 S. Dadeland Blvd. Suite 730

City
Miami

FL

Zip Code
33156

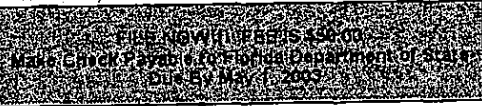
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MARIO GUZMAN

3/28/03
DATE

Signature, including name, title, and date is applicable.

NOTE: Registered Agent's signature required when it remains.



ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Miguel Angel Barbaquillo 2600 SW 3rd Avenue #730 Miami, Florida 33129 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 authorized representative empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

04/17/03 (305) 859 7787

Date

Office Phone #

CR2E083 (10/02)