
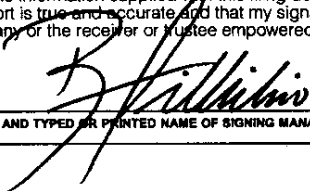


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90482 005 \*\*\*\*50.00

<b>DOCUMENT # L03000015646</b> 1. Entity Name <b>B&amp;B PROPERTIES - UNIVERSITY DRIVE, LLC</b>			
Principal Place of Business <b>1485 N. PARK DR WESTON, FL 33326</b>		Mailing Address <b>1485 N. PARK DR WESTON, FL 33326</b>	
2. Principal Place of Business - No P.O. Box # <b>3325 S. University Dr.</b>		3. Mailing Address <b>3325 S. University Dr.</b>	
Suite, Apt. #, etc. <b># 200</b>		Suite, Apt. #, etc. <b># 200</b>	
City & State <b>DAVIE, FL</b>		City & State <b>DAVIE, FL</b>	
Zip <b>33328</b>		Zip <b>33328</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
6. Name and Address of Current Registered Agent  <b>FILICHIO, BEN 1485 N. PARK DR WESTON, FL 33326</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FILICHIO, BEN 1485 N. PARK DRIVE WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> <b>3325 S. University Dr. #200 DAVIE, FL 33328</b> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENCO INVESTMENTS 1485 NORTH PARK DR WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> <b>3325 S. University Dr. #200 DAVIE, FL 33328</b> </div>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> 		<b>3/5/07</b> (954) 473-4545	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	