


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000015646 1. Entity Name B&B PROPERTIES - UNIVERSITY DRIVE, LLC	
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Principal Place of Business 3325 SOUTH UNIVERSITY DR SUITE 200 DAVIE, FL 33328	Mailing Address 3325 SOUTH UNIVERSITY DR SUITE 200 DAVIE, FL 33328
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DO NOT WRITE IN THIS SPACE



02042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0226184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FILICHIO, BEN 1485 N. PARK DR WESTON, FL 33326	DO NOT WRITE IN THIS SPACE
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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.

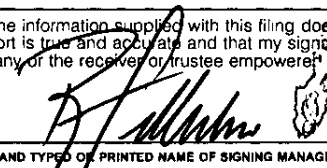
SIGNATURE _____ (NOTE: Registered Agent signature required when restating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000856684
03/28/08-80022-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FILICHIO, BEN 3325 SOUTH UNIVERSITY DR SUITE 200 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENCO INVESTMENTS 1485 NORTH PARK DR WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

SIGNATURE:  **3/10/08** **(954) 473-4545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #