

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022051

FILED
Jun 06, 2008
Secretary of State

Entity Name: B & B, L.L.C.

Current Principal Place of Business:

3227 SE MARICAMP RD.
OCALA, FL 34471

New Principal Place of Business:

3227 SE MARICAMP RD.
SUITE #102
OCALA, FL 34471

Current Mailing Address:

3227 SE MARICAMP RD.
OCALA, FL 34471

New Mailing Address:

3227 SE MARICAMP RD.
SUITE #102
OCALA, FL 34471

FEI Number: 55-0835110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLESSING, BART A
3227 SE MARICAMP RD
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLESSING, BART A PRES
Address: 3227 SE MARICAMP RD
City-St-Zip: OCALA, FL 34471 US

Title: MGR () Delete
Name: BLESSING, LELAND B VP
Address: 35420 BASELINE DR
City-St-Zip: DADE CITY, FL 33525 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BART A BLESSING

MGR

06/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date