


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90149 029 ***138.75

DOCUMENT # L03000022198					
1. Entity Name BBFG DEVELOPMENT, L.L.C.					
Principal Place of Business 2938 DEL PRADO BLVD. CAPE CORAL, FL 33904 <i>4912 SW 12TH PLACE CAPE CORAL, FL 33914</i>			Mailing Address 2938 DEL PRADO BLVD. <i>4912 SW 12TH PL</i> CAPE CORAL, FL 33904 <i>CAPE CORAL, FL 33914</i>		
2. Principal Place of Business - No P.O. Box # <i>4912 SW 12TH PLACE</i>			3. Mailing Address <i>4912 SW 12TH PLACE</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>CAPE CORAL FL</i>			City & State <i>CAPE CORAL FL</i>		
Zip <i>33914</i>		Country <i>LCC</i>		4. FEI Number 20-0401816	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TURNER, ROBERT D 4912 SW 12TH PLACE CAPE CORAL, FL 33914			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</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 <i>Robert D. Turner</i>		ROBERT D. TURNER		3/11/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, FRANK 5602 HARBOUR CIRCLE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, ROBERT 4912 SW 11 TH CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, BARRY 2153 LOCHMOOR CIRCLE N FT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Robert D. Turner</i>			3/4/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		