

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023331

Entity Name: B & B OF SW FLORIDA, LLC

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

1079 MONTANA AVENUE
ENGLEWOOD, FL 34223

New Principal Place of Business:

1811 ENGLEWOOD ROAD
SUITE 254
ENGLEWOOD, FL 34223

Current Mailing Address:

1079 MONTANA AVENUE
ENGLEWOOD, FL 34223

New Mailing Address:

1811 ENGLEWOOD ROAD
SUITE 254
ENGLEWOOD, FL 34223

FEI Number: 74-3096524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAME, EDWARD H
1079 MONTANA AVENUE
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

BRAME, EDWARD H
1811 ENGLEWOOD
SUITE 254
ENGLEWOOD, FL 34223 US

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: EDWARD H. BRAME

01/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: BRAME, EDWARD H
Address: 1079 MONTANA AVENUE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: BRAME, EDWARD H
Address: 1811 ENGLEWOOD ROAD, SUITE 254
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: VP () Change (X) Addition
Name: BRAME, MICHAELNE H
Address: 1811 ENGLEWOOD ROAD, SUITE 254
City-St-Zip: ENGLEWOOD, FL 34223

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: EDWARD H. BRAME

MM

01/21/2008

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