
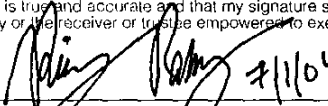


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90253 003 \*\*\*\*50.00

<b>DOCUMENT # L03000026057</b> 1. Entity Name <b>B &amp; B INVESTMENTS FLORIDA, L.L.C.</b>					
Principal Place of Business <b>1503 GANTS CIRCLE KISSIMMEE, FL 34744</b>			Mailing Address <b>1503 GANTS CIRCLE KISSIMMEE, FL 34744</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>43-2044051</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>RAHMAN, RIAZ 1503 GANTS CIRCLE KISSIMMEE, FL 34744</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</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 <b>RIAZ, NAGINA</b> <b>1503 GANTS CIRCLE</b> <b>KISSIMMEE, FL 34744</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>RAHMAN, RIAZ</b> <b>1503 GANTS CIRCLE</b> <b>KISSIMMEE, FL 34744</b>	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>7/1/04</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

14024842



07012004 Chg-LLC CR2E083 (10/03)

Attachment

14024842

#L030000 26057

WE DID NOT RECEIVE THE FORM AND THAT IS WHY  
WE COULD NOT SUBMIT THE REPORT IN TIME. THE  
FORM IS BEING SUBMITTED NOW.  
THANKING YOU.