2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

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

Current Principal Place of Business:

740 CENTRAL FLORIDA PARKWAY
2028
LONGWOOD, FL 32750

New Principal Place of Business:

910 BELLE AVE
1000
WINTER SPRINGS, FL 32708

Current Mailing Address:

740 CENTRAL FLORIDA PARKWAY
2028
LONGWOOD, FL 32750

New Mailing Address:

910 BELLE AVE
1000
WINTER SPRINGS, FL 32708

FEI Number: 55-0844135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULLEN, BRIAN J
581 FOX HUNT CIRCLE
LONGWOOD, FL 32750 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: MGRM ( ) Delete
Name: MULLEN, BRIAN J
Address: 740 FLORIDA CENTRAL PARKWAY, SUITE 2028
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete
Name: GRABE, WILLIAM G
Address: 740 FLORIDA CENTRAL PARKWAY, SUITE 2028
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MULLEN, BRIAN J
Address: 910 BELLE AVE, SUITE 1000
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM (X) Change ( ) Addition
Name: GRABE, WILLIAM G
Address: 910 BELLE AVE, SUITE 1000
City-St-Zip: WINTER SPRINGS, FL 32708

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: BRIAN J MULLEN MGRM 04/23/2007

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