


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90179 001 \*\*\*550.00

<b>DOCUMENT # L03000033347</b>	
1. Entity Name <b>BAB DEVELOPERS II, LLC</b>	

Principal Place of Business <b>1390 SUNSET BEACH DR. NICEVILLE, FL 32578</b>	Mailing Address <b>1390 SUNSET BEACH DR. NICEVILLE, FL 32578</b>
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2. Principal Place of Business <b>4588 HWY 20 EAST SUITE B</b>	3. Mailing Address <b>P. O. BOX 5065</b>
Suite, Apt. #, etc. <b>SUITE B</b>	Suite, Apt. #, etc.

City & State <b>NICEVILLE, FL</b>	City & State <b>NICEVILLE, FL</b>
Zip <b>32578</b>	Country <b>USA</b>



04082004 Chg-LLC CR2E083 (10/03)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>KX</b> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>LEEBRICK, BRIAN D ESQ 220 MCKENZIE AVE. PANAMA CITY, FL 32401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

AUTHORIZED REP. **4/23/04**

Date

Daytime Phone #

**850-897-8944**