


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90087 001 ***400.00

DOCUMENT # L03000033354	
1. Entity Name BAB DEVELOPERS VII, LLC	

30005490



Principal Place of Business 101-A BUSINESS CENTRE DR. DESTIN, FL 32550 US	Mailing Address 101-A BUSINESS CENTRE DR. DESTIN, FL 32550 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEE BRICK, BRIAN D ESQ 220 MCKENZIE AVE. PANAMA CITY, FL 32401	7. Name and Address of New Registered Agent Name Neese, Herman L. Jr. Street 101-A Business Centre Drive Destin, FL 32550 City FL Zip Code
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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 <u>Herman L. Neese Jr.</u>	DATE <u>4/24/05</u>
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'NEAL, ALAN M 101-A BUSINESS CENTRE DR. DESTIN, FL 32550 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AES Holdings, LLC 101-A Business Centre Dr. Destin, FL 32550 <input checked="" 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
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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: <u>Herman L. Neese Jr.</u> Authorized Rep!	DATE <u>4/24/05</u> 8502692678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	