

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2004 90179 001 ***550.00

DOCUMENT # L03000033979

1. Entity Name
BAB DEVELOPERS, LLC



Principal Place of Business
**1390 SUNSET BEACH DR.
NICEVILLE, FL 32578**

Mailing Address
**1390 SUNSET BEACH DR.
NICEVILLE, FL 32578**

34004651



2. Principal Place of Business
4588 HWY 20 EAST.

3. Mailing Address

Suite, Apt. #, etc.
SUITE B

Suite, Apt. #, etc.

City & State
NICEVILLE FL

City & State

Zip
32578

Country
USA

Zip

Country

04082004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0280051

Applied For
Not Applicable

5. Certificate of Status Desired **KK** **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEEBRICK, BRIAN D ESQ
220 MCKENZIE AVE.
PANAMA CITY, FL 32401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

**MGRM
O'NEAL, ALAN M
4588 HWY 20 EAST, SUITE B
NICEVILLE, FL 32578**

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.

Date

850-897-8944

Daytime Phone #