2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038122

1. Entity Name

BABÉR BUSINESS GROUP, LLC



FILED Apr 05, 2007 08:00 All Secretary of State

Principal Place of Business

832 CREIGHTON ROAD PENSACOLA, FL 32504 Mailing Address

301 SHORELINE DR. GULF BREEZE, FL 32561



DO NOT WRITE IN THIS SPACE

03122007 No Chg-LLC CR2E

CR2E083 (11/05)

4. FEI Number	Applied For
77-0611847	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BALL, SHARON K 301 SHORELINE DR. GULF BREEZE, FL 32561

DO NOT WRITE IN THIS SPACE

		2. 2. 60	
8. The above the obligat	named entity submits this statement for the purpose of changing its regions of registered agent.	gistered office or registered agent, or both, in the Stat	te of Florida. I am familiar with, and accept
SIGNATURE.		egistered Agent signature required when reinstating)	DATE
FI D	iling Fee is \$50.00 ue by May 1, 2007	good of the same o	
9.	MANAGING MEMBERS/MANAGERS		THE STATE OF THE S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALL, SHARON K OWNER 301 SHORE LINE DRIVE GULF BREEZE, FL 32561		Hononoconocic
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TO 4/2 Section 1990 Section 199	.000000690615 /11/07-80084-007 50:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET_ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.