

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90041 011 ****50.00

DOCUMENT # L03000041397

1. Entity Name
BBS LAND GROUP, LLC



Principal Place of Business
**225 ALHAMBRA CIRCLE, SUITE 325
C/O BAYSHORE LAND GROUP, INC.
CORAL GABLES, FL 33134**

Mailing Address
**225 ALHAMBRA CIRCLE, SUITE 325
C/O BAYSHORE LAND GROUP, INC.
CORAL GABLES, FL 33134**

20634666



2. Principal Place of Business
255 Alhambra Circle

3. Mailing Address
255 Alhambra Circle

Suite, Apt. #, etc.
Suite 325

Suite, Apt. #, etc.
Suite 325

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip Country
33134 USA

Zip Country
33134 USA

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number **14-1923721**
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACNAIR, CHRISTOPHER J
225 ALHAMBRA CIRCLE, SUITE 325
C/O BAYSHORE LAND GROUP, INC.
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Applicable)
255 Alhambra Circle, suite 325
City **Coral Gables** **FL** Zip Code **33134**

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERTIG, JAY 225 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACNAIR, CHRISTOPHER J 225 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOUCHER, MARC 170 BONAVENTURE BLVD. #102 WESTON, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, JEFF 8265 SW 118 TERRACE MIAMI, FL 33156	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 Alhambra Circle, Suite 325 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 Alhambra Circle, Suite 325 Coral Gables, FL 33134
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
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

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 606, Florida Statutes.

SIGNATURE:

Christopher J. McNair **Christopher J. McNair**

4/20/06 305-445-6661

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

Date

Daytime Phone #