


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000054483</b> 1. Entity Name <b>B &amp; B ENTERPRISES, LLC</b>	
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Principal Place of Business <b>2623 GLENSIDE RD TALLAHASSEE, FL 32308</b>	Mailing Address <b>PO BOX 12582 TALLAHASSEE, FL 32317</b>
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**DO NOT WRITE IN THIS SPACE**



03082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>59-3648786</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>GILLIAM, BENJAMIN 2623 GLENSIDE RD TALLAHASSEE, FL 32308</b>
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**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, BETTYE 2623 GLENSIDE RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLIAM, BENJAMIN F 2623 GLENSIDE RD TALLAHASSEE, FL 32308
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04/11/07-80020-021 50.00

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.

**SIGNATURE:** *Betty Anderson* **April 3, 2007- 5457208**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #