



2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000017066		
1. Entity Name BBC DEVELOPMENT GROUP, LLC		

Principal Place of Business 5479 MARSH CREEK CT JACKSONVILLE, FL 32277	Mailing Address 5479 MARSH CREEK CT JACKSONVILLE, FL 32277
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 721 SOUTH BEACH ST. A-103	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DAYTONA BEACH, FL	
Zip	Country	Zip 32114	Country FLORIDA

FILED
2009 FEB 10 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

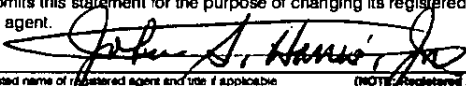


02042009 REIN-LLC CR2E101 (1/07)

4. FEI Number 80-0099634	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

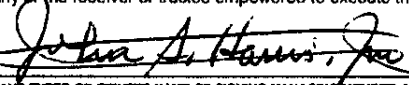
6. Name and Address of Current Registered Agent JOHN S. HARRIS, JR 5479 MARSH CREEK COURT JACKSONVILLE, FL 32277	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	02.06.09
<small>Signature, typed or printed name of registered agent and title if applicable (NOT a registered agent signature required when reinstating)</small>	<small>DATE</small>

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	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 HARRIS, JR., JOHN S 5479 MARSH CREEK COURT JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700143255457 02/10/09--01013--016 **282.50
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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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: 	02.06.09 904,524,2869
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>