


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000020461</b> 1. Entity Name B & N, L.L.C.	
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Principal Place of Business 5617 HARRELLS NURSERY ROAD LAKELAND, FL 33813	Mailing Address 5617 HARRELLS NURSERY ROAD LAKELAND, FL 33813
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**DO NOT WRITE IN THIS SPACE**



05252006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0869743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  TRIVEDI, GIRISH 5617 HARRELLS NURSERY ROAD LAKELAND, FL 33813
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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 \_\_\_\_\_  
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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIVEDI, GIRISH 5617 HARRELLS NURSERY ROAD LAKELAND, FL 33813
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06/05/06-80001-013 50.00

**DO NOT WRITE  
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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:** Trivedi 06-02-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone \*