## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000029142



**FILED** Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90029 017 \*\*\*\*50.00

B&B PRO	PERTY MANAGEMENT, LL	С					
Principal Place of Business 2514 NW 64TH BLVD. BOCA RATON, FL 33496 US		Mailing Address 2514 NW 64TH BLVD. BOCA RATON, FL 33496 US		14005484			
2. Principal Place of Business		3. Mailing Address					
Suite. Apt. #, etc		Suite, Apt. #, etc.		04162005	Chg-LLC CR	2E083 (10/03)	
City & State		City & State		4. FEI Number	d For	<u> </u>	plied For Applicable
Zıp	Country	Zip	Country	111	of Status Desired	\$5.00 Addi	
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New Register	red Agent	
MONTGON	MERY, RICHARD B JR		Name				ļ
	TH ROAD N.	Street Address (P.O. Bo		(P.O. Box Number	r is Not Acceptable)		
			City	<del></del>	,	Zip Code	
	named entity submits this statement for lons of registered agent.	the purpose of changing its	registered office or registe	red agent, or both	n, in the State of Florida. I	am familiar with,	and accept
SIGNATURE .	Signature typed or printed name of registered agent ar	nd title il applicable (NOT	E Registered Agent signature require	d when reinstating)	D	ATE	
Filing Fee is \$50.00 Due by May 1, 2005						ck payable to artment of State	1
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHAN	IGES	
TITLE	MGRM	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	MONTGOMERY, RICHARD B JR 11359 154TH ROAD N.		NAME STREET ADDRESS				,
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP				
TITLE	MGRM	☐ Delete	THILE			☐ Change	Addition
NAME	HARRISON, BARRY W		NAME				
STREET ADDRESS CITY ST ZIP	2514 NW 64TH BLVD. BOCA RATON, FL 33496		STREET ADDRESS CHY-ST-ZIP				
TITLE.	2007/1017/01/12 00/00	□ Deleje	THILE			Change	Addition
NAME		_ 50,010	NAME			,-	
STREET ADDRESS CITY ST ZIP			STREET ADDRESS  CITY-ST-ZIP				,
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME		- Detete	NAMÉ			Cracinge	
STREET ADDRESS			STREET ADDRESS				
CITY-ST ZIP			CITY+S1-ZIP				
HITLE		Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY -ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS CITY ST ZIP			STREET ADDRESS CITY+ST-ZIP				
11. I hereby	Lectury that the information supplied with I on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have	or the exemption stated in Set the same legal effect as if	made under oath,	, that I am a managing m	er certify that the ir ember or manage	nformation or of the