2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000030470 01-24-2008 90066 014 ***138.75 1. Entity Name B 3 GLOBAL, L.L.C. Principal Place of Business Mailing Address 60003409 4600 140TH AVE NORTH 4600 140TH AVE NORTH SUITE 210 **SUITE 210** CLEARWATER, FL 33762 CLEARWATER, FL 33762 2. Principal Place of Business - No P.O. Box # 4500 140 The Rue N 3. Mailing Address 500 140 th AJEN Suite, Apt. #, etc 01212008 Chg-LLC -CR2E083 (12/06) 101<u>91:</u> Applied For 4. FEI Number ter 1-1 20-1095948 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Brellas Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent terson PETERSON, CRIS Number is Not Acceptable) 4600 140TH AVE NORTH **SUITE 210** CLEARWATER, FL 33762 purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia 8. The above named entitle the obligations of regis SIGNATURE Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MOR **MGRM** TITLE TITLE Jelete Peterson Chine N Suite 101 PETERSON, CRIS NAME STREET ADDRESS 4600 140TH AVE NORTH SUITE 210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33762 Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 his signature shall have the same legal offect as it made under oath; that I am a managing member or manager of the limited liability company or the recovery contained to execute this report as required by Chapter 608, Florida Statutes.

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

FILED Jan 24, 2008 8:00 am