

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90075 027 ****50.00

DOCUMENT # L04000031535

1. Entity Name

C.B.&B. INVESTMENTS L.L.C.



Principal Place of Business

602 S. MAIN AVE
CLERMONT FL 34711

Mailing Address

602 S. MAIN AVE
CLERMONT FL 34711

2. Principal Place of Business

602 South Main Ave
Suite, Apt. #, etc.

3. Mailing Address

602 South Main Ave
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

Minneola FL

City & State

Minneola FL

4. FEI Number

20-1007176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OBRIG, ELWOOD M
700 ALMOND ST.
CLERMONT FL 34712

7. Name and Address of New Registered Agent

Name Britton H. Barnes

Street Address (P.O. Box Number is Not Acceptable)

602 South Main Ave

City - Minneola

FL

Zip Code 34715

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

1-24-05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME CHRISTOFF, GREGG B
STREET ADDRESS 194 US HWY 27 NORTH STE, D
CITY-ST-ZIP CLERMONT FL 34711

TITLE MGR ☐ Delete
NAME CHRISTOFF, JANET F
STREET ADDRESS 194 US HWY 27 NORTH, STE, D
CITY-ST-ZIP CLERMONT FL 34711

TITLE MGR ☐ Delete
NAME BARNES, BRITTON H
STREET ADDRESS 13052 SUMMERLAKE WAY
CITY-ST-ZIP CLERMONT FL 34711

TITLE MGR ☐ Delete
NAME BARNES, WILLIAMS H
STREET ADDRESS 516 LARGOVISTA DRIVE
CITY-ST-ZIP OAKLAND FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

1-24-05 (352) 394-10070