2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

SIGNATURE:

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # L04000042834** 04-29-2005 90032 029 ****50.00 B & B LAND GROUP, LLC Mailing Address Principal Place of Business 20050272 7788 DUCKWOOD LANE 7788 DUCKWOOD LANE JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 2. Principal Place of Business 3. Mailing Address 5558 MARINERS COUE DR 5558 Mariners (Suite, Apt. #, etc Suite, Apt. #, etc. 04202005 Chg-LLC CR2E083 (10/03) Applied For City & State 4. FEI Number City & State <u>61-1486742</u> TACKSONVICLE Docksonville Not Applicable Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired 3<u>2210</u> 32210 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES A. NOLAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 4114 HERSCHEL STREET ST. JOHNS PROFESSIONAL CENTER #105 JACKSONVILLE, FL 32210 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, 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 May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. PRESIDENT AND MENBER Addition TITLE TITLE ☐ Delete ☐ Change Harry Craig Bell 5555 Harriners Cove Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32210 MEMBER AND VICE PRESIDENT Change TITLE Delete TITLE Addition CARL BELL NAME NAME STREET ADDRESS P.O.BOX 600097 STREET ADDRESS JACKSONVILLE, FL 32270 CITY-ST-ZIP CITY-ST-719 MEMBER AND VP AND SECRETARY Change Addition Detete TITLE TITLE Peggy Bell P.O. BOX 600097 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville PL 32270 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED