

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90032 029 \*\*\*\*50.00

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<b>DOCUMENT # L04000042834</b> 1. Entity Name <b>B &amp; B LAND GROUP, LLC</b>			
Principal Place of Business <b>7788 DUCKWOOD LANE JACKSONVILLE, FL 32210</b>		Mailing Address <b>7788 DUCKWOOD LANE JACKSONVILLE, FL 32210</b>	
2. Principal Place of Business <b>5558 Mariners Cove Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>5558 MARINERS COVE DR.</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, Florida</b> Zip <b>32210</b> Country		City & State <b>JACKSONVILLE, FL</b> Zip <b>32210</b> Country	
4. FEI Number <b>61-1486742</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		04202005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>JAMES A. NOLAN, P.A. 4114 HERSCHEL STREET ST. JOHNS PROFESSIONAL CENTER #105 JACKSONVILLE, FL 32210</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>James A. Nolan</i> <b>JAMES A. NOLAN, ANNUAL REP.</b>		Date <b>4/21/05</b> Daytime Phone # <b>904-425-3058</b>	