

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000042834**

1. Entity Name  
**B & B LAND GROUP, LLC**



Principal Place of Business  
**5558 MARINERS COVE DR  
JACKSONVILLE, FL 32210**

Mailing Address  
**5558 MARINERS COVE DR  
JACKSONVILLE, FL 32210**



04082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-1486742**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BELL, HARRY C  
5558 MARINERS COVE DR  
JACKSONVILLE, FL 32210**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000900677  
04/29/08-80038-022 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE PT  
NAME BELL, HARRY C  
STREET ADDRESS 5558 MARINERS COVE DR  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE V  
NAME BELL, CARL  
STREET ADDRESS P.O. BOX 600097  
CITY-ST-ZIP JACKSONVILLE, FL 32270

TITLE VS  
NAME BELL, PEGGY  
STREET ADDRESS P.O. BOX 600097  
CITY-ST-ZIP JACKSONVILLE, FL 32270

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-14-08

904-635-3076