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Secretary of State

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000046953

1. Entity Name
B&B PROPERTIES - PEMBROKE PINES, LLC

30000234

Principal Place of Business	Mailing Address
5400 SOUTH UNIVERSITY DRIVE SUITE 608 DAVIE, FL 33328	5400 SOUTH UNIVERSITY DRIVE SUITE 608 DAVIE, FL 33328

01102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1485 N. PARK DR	1485 N. PARK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FL	City & State: Weston, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 20-1330859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COKER, RICHARD G JR ESQ 1404 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316-1840	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ____________________
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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENCO INVESTMENTS, LLC 5400 SOUTH UNIVERSITY DRIVE, SUITE 608 DAVIS, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENCO INVESTMENTS, LLC 1485 N. PARK Drive Weston, FL 33326	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] 1/10/05 (954) 762-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #