## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNUAL REPORT				Apr 10, 2000 003		
DOCUMENT # L04000049707  1. Enlity Name					Secretary of S	
B & J ASS	SOCIATES, LLC					
1955 WESTH		Mailing Address 1955 WESTHILL RUN WINDEMERE, FL 34786				
WINDEMERE	,, FL 34700	WINDEINIERE, FE 34700	<u>.</u>	 		
*	•	,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
DO NOT WRITE IN THIS SPA			CE	01212008 No Chg-LLC  4. FEI Number 20-1215321	CR2E083 (12/07)  Applied For Not Applicable	
			e e	Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent				
PATEL, JA 1955 WES	AYANTI STHILL RUN			DO NOT V	VRITE	
WINDEME	ERE, FL 34786			IN THIS S	PACE	
	e named entity submits this statement to tions of registered agent	r the purpose of changing its register	ed office or register	ed agent, or both, in the State of E	florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	ANOTE Parishers	nd Agent signature required	Luben repetiting)	DATE	
* , 3	Signature, typed or printed name or registered agent	eur (tre u shhiceoie (tro c usharer	an Agent signature required	with tensialing)		
	E NOWIII' FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	5			100901318 18-80062-025 138.75	
9.	MANAGING MEMBE	RS/MANAGERS				
LITTLE NAME STREET ADDRESS	MGR PATEL, JAYANTI 1955 WESTHILL RUN				The state of the s	
CITY-ST-ZIP	WINDEMERE, FL 34786	<u>.</u>		, ; · · · · · · · · · · · · · · · · · ·	Sugar Company	
TITLE NAME			•			
STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		-			and the second second	
STREET ADDRESS CITY-ST-ZIP				DO NOT V	VRITE	
TITLE NAME				IN THIS S	PACE	
STREET ADDRESS CITY-ST-ZIP				•		
TITLE NAME				and the state of t		
STREET ADDRESS CITY-ST-ZIP					,,	
TITLE	2.0					

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:

STREET ADDRESS CITY-ST-ZIP\*\*

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

4/12/201

407-491-0588 (Cell) 407-532-0380

Daytime Phone #