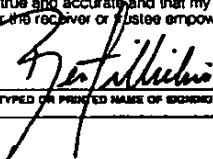


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

01-13-2005 90014 031 ****50.00

DOCUMENT # L04000054296 1. Entity Name B&B PROPERTIES - NOB HILL, LLC					
Principal Place of Business 5400 SOUTH UNIVERSITY DRIVE, SUITE 608 DAVIE, FL 33328			Mailing Address 5400 SOUTH UNIVERSITY DRIVE, SUITE 608 DAVIE, FL 33328		
2. Principal Place of Business 1485 N. PARK DR Suite, Apt. #, etc.		3. Mailing Address 1485 N. PARK DR Suite, Apt. #, etc.		30000233 	
City & State Weston, FL		City & State Weston, FL		4. FEI Number 20-1394559	
Zip 33326		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COKER, RICHARD G JR, ESQ 1404 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316-1840				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when reappointing) 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	MGR BENCO INVESTMENTS, LLC 5400 SOUTH UNIVERSITY DRIVE, SUITE 608 DAVIE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENCO Investments LLC 1485 N. PARK DR, Suite 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
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: 			Date: 1/10/05 Daytime Phone: (754) 762-6161		