


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90482 004 \*\*\*\*50.00

<b>DOCUMENT # L04000054296</b>	
1. Entity Name <b>B&amp;B PROPERTIES - NOB HILL, LLC</b>	

Principal Place of Business <b>1485 N. PARK DR WESTON, FL 33326</b>	Mailing Address <b>1485 N. PARK DR WESTON, FL 33326</b>
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2. Principal Place of Business - No P.O. Box # <b>3325 S. University Dr. Suite, Apt. #, etc. #200</b>	3. Mailing Address <b>3325 S. University Dr. Suite, Apt. #, etc. #200</b>
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03052007 Chg-LLC CR2E083 (12/06)

City & State <b>DAVIE, FL.</b>	City & State <b>DAVIE, FL.</b>
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4. FEI Number <b>20-1394559</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33328</b>	Country <b>US</b>	Zip <b>33328</b>	Country <b>US</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>COKER, RICHARD G JR, ESQ 1404 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316-1840</b>	
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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 signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENCO INVESTMENTS, LLC 1485 N. PARK DR WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3325 S. University Dr. #200 DAVIE, FL 33328</b>
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
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
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
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
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 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: 	Date <b>3/5/07</b>	Daytime Phone # <b>(954) 473-4545</b>
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