

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000068312

1. Entity Name
B & B LAND HOLDINGS, L.L.C.



Principal Place of Business
200 NW AVE L
BELLE GLADE, FL 33430

Mailing Address
PO BOX 2047
BELLE GLADE, FL 33430



03142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1705281

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, DONIA A P.A.
1100 NORTH MAIN STREET, SUITE C
BELLE GLADE, FL 33430

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|-----------------------|
| TITLE | MGR |
| NAME | MCKINSTRY, JOHN E |
| STREET ADDRESS | 200 NW AVENUE L |
| CITY - ST - ZIP | BELLE GLADE, FL 33430 |
| TITLE | MGR |
| NAME | WILKINSON, WALTER B |
| STREET ADDRESS | 200 NW AVENUE L |
| CITY - ST - ZIP | BELLE GLADE, FL 33430 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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IN THIS SPACE**

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05/15/07-80138-016 50.00

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

John E. McKinstry 4-2607 561-996-2800

Date

Daytime Phone #