

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2006 08:00 A
Secretary of State

DOCUMENT # L04000074619

1. Entity Name
B & N ASSOCIATES, LLC.



Principal Place of Business
**2529 BIG PINE DRIVE
HOLIDAY, FL 34691 US**

Mailing Address
**5408 ST JAMES DRIVE
NEW PORT RICHEY, FL 34652 US**



03062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1747722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DREW, KELLY
5408 ST JAMES DRIVE
NEW PORT RICHEY, FL 34652**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRVING, ROBERT B 2529 BIG PINE DRIVE HOLIDAY, FL 34691
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRVING, NANCY L 2529 BIG PINE DRIVE HOLIDAY, FL 34691
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

Date

Daytime Phone #

U00000563982
05/20/06-80037-012 55.00

**DO NOT WRITE
IN THIS SPACE**

4-30-06 727-816-8847