2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Mar 04, 2008 8:00 am
Secretary of State
03-04-2008 90105 042 ***138.75

DOCUMENT # L04000093749

1. Entity Name

BBC INVESTMENTS III, L.L.C.

Principal Place of Business	Mailing Address
920 NW 179 AVE PEMBROKE PINES FL 33029	920 NW 179 AVE PEMBROKE PINES FL 33029

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	3767 Indian River Dr. Suite, Apt. #, etc.
City & State	Cocoa, FL. City & State
Zip / Country	32926 / Country

4. FEI Number 56-2498391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAILER, BRANDY 920 NW 179 AVE PEMBROKE PINES FL 33029	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SAILER, STEVEN 920 NW 179 AVE PEMBROKE PINES FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SAILER, STEVEN 3767 INDIAN RIVER DRIVE COCOA, FL. 32926	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SAILER, BRANDY 920 NW 179 AVE PEMBROKE PINES FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SAILER, BRANDY 3767 Indian River Dr. Cocoa, FL. 32926	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ZALIKHA, MOHAMAD 9305 SW 90 STREET MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ZALIKHA, MARY ELLEN 9305 SW 90 STREET MIAMI FL 33176	☐ 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 exemptions contained in Section 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: _____ 2/25/08 954-347-1281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #