2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000000629

Entity Name: B & B INVESTMENT LLC

Current Principal Place of Business:

P.O. BOX 520063
LONGWOOD, FL 32752

New Principal Place of Business:

1779 MARKHAM GLEN CIRCLE
LONGWOOD, FL 32779

Current Mailing Address:

P.O. BOX 520063
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 01-0826966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, JASMINE M.A.
1779 MARKHAM GLEN CIRCLE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BURKE, JASMINE M.A.	
Address:	1779 MARKHAM GLEN CIRCLE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	MGRM	( ) Delete
Name:	BURKE, DONALD A	
Address:	1779 MARKHAM GLEN CIRCLE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	MGRM	( ) Delete
Name:	BURKE, EDLINE	
Address:	10379 BOYNTON PL. CIR	
City-St-Zip:	BOYNTON BEACH, FL 33237	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASMINE M.A. BURKE MGRM 04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date