## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L05000001427** 

1. Entity Name

B & B VENTURES OF LITHIA, L.L.C.



**FILED** Jan 16, 2008 08:00 Al Secretary of State

Principal Place of Business

708 LITHIA PINECREST ROAD

SUITE 103

BRANDON, FL 33511 US

Mailing Address

P.O. BOX 649

BRANDON, FL 33609-0649 US



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For	
20-2113614	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SEFCIK, BRIAN 708 LITHIA PINECREST ROAD

## DO NOT WRITE

SUITE 103 BRANDON, FL 33511		IN THIS SPACE
	named entity submits this statement for the purpose of changings of registered agent	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)  DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS	MGRM SEFCIK, BRIAN S 708 LITHIA PINECREST ROAD SUITE 103	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTLETT, JACK L JR. 1102 OAK BRUSH PLACE VALRICO, FL 33594	000000785967 01/17/08-80021-020 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZiP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		

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 feeting or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE