

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000005152

1. Entity Name  
BNB, LLC



Principal Place of Business

% BLOCH, MINERLEY & FEIN, P.L.  
980 NORTH FEDERAL HIGHWAY, SUITE 412  
BOCA RATON, FL 33432

Mailing Address

% BLOCH, MINERLEY & FEIN, P.L.  
980 NORTH FEDERAL HIGHWAY, SUITE 412  
BOCA RATON, FL 33432



01152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2189985

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLOCH, STUART E  
% BLOCH, MINERLEY & FEIN, P.L.  
980 NORTH FEDERAL HIGHWAY, SUITE 412  
BOCA RATON, FL 33432

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000856779  
03/28/08-80025-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ELLENPORT, ROBERT S  
852 LAKE AVENUE  
CLARK, NJ 07066

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DEWITT, NORMAN W  
2736 JOPPA AVENUE SOUTH  
ST. LOUIS PARK, MN 55416

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Robert S. Ellenport ROBERT S. ELLENPORT 3/7/2008 732-815-1309

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

Date

Daytime Phone #