2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 08, 2007 8:00 am Secretary of State

DOCUMENT # L05000007842 1. Entity Name B & B RESTAURANT LLC						01-08-2007	90206 016	5 ****5	0.00	
Principal Place of Business 789 U S HIGHWAY 41 BYPASS VENICE, FL 34292 US		Mailing Address 789 U S HIGHWAY 41 BYPASS VENICE, FL 34292 US								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052007	Chg-LLC	CR2E083	(12/06)			
City & State		City & State		4. FEI Numbe 20-221				plied For t Applicable		
Zip			Count	try		Certificate of Status Desired				
6. Name and Address of Current Registered Agent Name					7. Name and	7. Name and Address of New Registered Agent				
	, THOMAS J IGHWAY 41 BYPASS			ess (P.O. Box Numbe	or is Not Acceptable)					
VENICE, F				- Circumadi	C33 (I .O. DOX NUMBE					
*:				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 .	Signature, typed or printed name of registered agent	and bits of small small.								
	organitore, typed or printed harrie or registated agent	and the trappicable. (NOTE:	Registered	Agent signature re	equired when reinstating)		DATE			
	iling Fee is \$50.00 ue by May 1, 2007					Make check payable to Florida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES			
TITLE NAME	MGMR CONNELL, THOMAS J	☐ Defete	TITLE NAME	. 7	DONNE I T	homas I		Change	☐ Addition	
STREET ADDRESS	789 U S HIGHWAY 41 BYPASS			ET ADDRESS	1354 ROO	Seveli Di	2			
CITY-ST-ZIP	VENICE, FL 34292 MGMR	Delete	CITY- TITLE	ST-ZIP	VENICE	F1 3429	73-687			
NAME	CONNELL, BARBARA	□ Delete	NAME	6	ONNEWS	ARBARA	Ц	Change	☐ Addition	
STREET ADDRESS City-St-Zip	789 U S HIGHWAY 41 BYPASS				21 0.00	ェッタナ ひた				
	VENICE, FL 34292			ST-ZIP	JENICE F	BARBARA EVEIT DR	0870			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. L hereby C	ventify that the information supplied with on this report is true and accurate and higher control and the second state.	Delete Delete Delete	CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME CITY- TITLE NAME CITY-	ET ADDRESS ST-ZIP	JENICE F	1 3 4253- (Change Change Change	Addition Addition	

SIGNATURE: THOMAS T. CONVEIL THOMAS THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED MEPRESENTATIVE 1-5-07