

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025098

Entity Name: B AND B DEVELOPERS, LLC

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

10360 COURTSIDE LANE
UNIT B
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

10360 COURTSIDE LANE
UNIT B
BOCA RATON, FL 33428 US

New Mailing Address:

FEI Number: 47-0957597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TIGHE, THOMAS J
800 EAST BROWARD BOULEVARD
SUITE 710
FORT LAUDERDALE, FL 33301 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: MGR () Delete
Name: WEISSMAN, NEIL
Address: PO BOX 970122
City-St-Zip: BOCA RATON, FL 33497 US

Title: MGR () Delete
Name: BEN AVI, HANAN
Address: PO BOX 970122
City-St-Zip: BOCA RATON, FL 33497

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HANAN, BENAVID
Address: PO BOX 970122
City-St-Zip: BOCA RATON, FL 33497 US

Title: MGR (X) Change () Addition
Name: WEISSMAN, NEIL
Address: PO BOX 970122
City-St-Zip: BOCA RATON, FL 33497

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: HANAN BENAVID

MGM

05/06/2009

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