

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027597

Entity Name: B & B FLORIDA LLC

FILED  
Apr 24, 2007  
Secretary of State

**Current Principal Place of Business:**

16799 SE 84TH COLERAIN CIRCLE  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

16799 SE 84TH COLERAIN CIRCLE  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 20-2536986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LILES, TERRY A  
741 NE 3RD STREET  
SUITE 2  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

CLAKE, BRENDA L  
16799 SE 84TH COLERAIN CIRCLE  
THE VILLAGES, FL 32162 US

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: BRENDA L. CLAKE

04/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SKAVINSKI, BRONYK  
Address: 16799 SE 84TH COLERAIN CIRCLE  
City-St-Zip: THE VILLAGES, FL 32162

Title: MGR ( ) Delete  
Name: CLAKE, BRENDA  
Address: 16799 SE 84TH COLERAIN CIRCLE  
City-St-Zip: THE VILLAGES, FL 32162

**ADDITIONS/CHANGES:**

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 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: BRENDA L. CLAKE

MGR

04/24/2007

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