

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000031076

1. Entity Name
BNB 321, LLC



Principal Place of Business
C/O BLOCH, MINERLEY & FEIN
980 NORTH FEDERAL HWY SUITE 412
BOCA RATON, FL 33432

Mailing Address
C/O BLOCH, MINERLEY & FEIN
980 NORTH FEDERAL HWY SUITE 412
BOCA RATON, FL 33432



01152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2621943

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
980 NORTH FEDERAL HIGHWAY, STE. 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

03/28/08-80025-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ELLENPORT, ROBERT S
STREET ADDRESS	852 LAKE AVENUE
CITY-ST-ZIP	CLARK, NJ 07066
TITLE	MGR
NAME	DEWITT, NORMAN W
STREET ADDRESS	2736 JOPPA AVENUE SOUTH
CITY-ST-ZIP	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	

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

3/7/2008

Date

732-815-1309

Daytime Phone #