
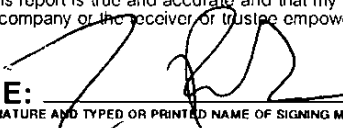


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90114 005 ****50.00

DOCUMENT # L05000034142			
1. Entity Name B & A, LLC			
Principal Place of Business 4083 STOW WAY NAPLES FL 34116 US		Mailing Address 4083 STOW WAY NAPLES FL 34116 US	
2. Principal Place of Business - No P.O. Box # 4584 Enterprise Ave		3. Mailing Address (Same)	
Suite, Apt. #, etc. Suite #3		Suite, Apt. #, etc.	
City & State Naples Florida		City & State	
Zip 34104		Country USA	
4. FEI Number 71-0980664		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DRY, BLAINE 4083 STOW WAY NAPLES FL 34116		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM DRY, BLAINE 4083 STOW WAY NAPLES FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM DRY, ALISON 4083 STOW WAY NAPLES FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date: 1/30/07 Dryline Phone #: 239-354-3663	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			