2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000050898

1. Entity Name

BBBC PROPERTIES, LLC



FILED Apr 16, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

201-34TH STREET NORTH ST. PETERSBURG, FL 33713 201-34TH STREET NORTH ST. PETERSBURG, FL 33713



04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-2840650		Not Applicable
5. Certificate of Status Desired	1 1 7	5.00 Additional ee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CANNON, JOHN 201-34TH STREET NORTH ST. PETERSBURG, FL 33713

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

U00000300715 -04/29/08-80039--020-138.75

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CANNON, JOHN 201-34TH STREET NORTH ST. PETERSBURG, FL 33713	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD BAUMAN, ROBERT A 201-34TH STREET NORTH ST. PETERSBURG, FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUMAN, RONALD T 201-34TH STREET NORTH ST. PETERSBURG, FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUMAN, MICHAEL C 201-34TH STREET NORTH ST. PETERSBURG, FL 33713	
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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

E: Manion

John Couna

4/10/08

727-327-9026

Date

Daytime Phone #