2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000064601

1. Entity Name

B & B PROPERTIES OF HILLSBOROUGH, LLC



FILED Apr 27, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

927 U.S. HIGHWAY 301 SOUTH TAMPA, FL 33619

POST OFFICE 1808 TAMPA, FL 33601

US



04112007 No Chg-LLC

CR2E083 (11/05)

| 4. FE! Number 20-3214804 | | _ | Applied For |
|----------------------------------|----------------|---|---------------------|
| 20-32 14004 | | | Not Applicable |
| 5. Certificate of Status Desired | \$5.0 Fee R | | Additional uired |

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET **SUITE 2100** TAMPA, FL 33602

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| 8. | The above named entity submits this statement for the purpose of chan the obligations of registered agent. | nging its registered office or registered agent, or both, in | the State of Florida, I am familiar with, and accept |
|----|--|--|--|
| SI | GNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
| | Filing Fee is \$50.00 | | |

Due by May 1, 2007

| 9. | MANAGING MEMBERS/MANAGERS |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR B&B CASH GROCERY STORES, INC 927 US HWY 301 S TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000738091 05/11/07-80055-001 50.00

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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 | : 8 and Berst | - |
|-----------|---------------|---|
|-----------|---------------|---|

Andrew Bever

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

813-621-6411

Devime Phone #