

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073224

FILED
Jan 18, 2006
Secretary of State

Entity Name: B & S, LLC

Current Principal Place of Business:

6500 SW 134TH DRIVE
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

6500 SW 134TH DRIVE
MIAMI, FL 33156

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, LYNN
6500 SW 134TH DRIVE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRUCE, LYNN
Address: 6500 SW 134TH DRIVE
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: BRUCE, WAYNE
Address: 6500 SW 134TH DRIVE
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: SCOTT, SUSAN
Address: 10624 NW HIGHWAY 225A
City-St-Zip: OCALA, FL 34482

Title: MGR () Delete
Name: SCOTT, STANLEY
Address: 10624 NW HIGHWAY 225A
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYNN BRUCE

MGR

01/18/2006

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