2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# L05000076564

Entity Name: BBC INVESTMENTS IV, LLC

Current Principal Place of Business:

920 NW 179 AVE.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

3767 INDIAN RIVER DR
COCOA, FL 32926

New Mailing Address:

FEI Number: 20-3916907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAILER, BRANDY L
920 NW 179 AVE.
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

SAILER, BRANDY L
3767 INDIAN RIVER DRIVE
COCOA, FL 32926 US

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: BRANDY SAILER 01/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SAILER, STEVEN C
Address: 920 NW 179 AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete
Name: ROGERS, SUZANNE
Address: 27401 SE HWY 42
City-St-Zip: UMATILLA, FL 32784

Title: MGR ( ) Delete
Name: SAILER, BRANDY L
Address: 920 NORTHWEST 179 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

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:

I hereby certify that the information supplied with this filing does not qualify 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: BRANDY SAILER MGR 01/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date