2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L05000105032

Entity Name: B & B VENTURES, LLC

Current Principal Place of Business:

4635 DOLPHIN CAY LANE S.
SAINT PETERSBURG, FL 33711 US

New Principal Place of Business:

4635 DOLPHIN CAY LANE S
SAINT PETERSBURG, FL 33711 US

Current Mailing Address:

4635 DOLPHIN CAY LANE S.
SAINT PETERSBURG, FL 33711 US

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:

HAMRICH, ROBERT H
4635 DOLPHIN CAY LANE S.
SAINT PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

HAMRICH, ROBERT H JR
4635 DOLPHIN CAY LANE S.
SAINT PETERSBURG, FL 33711 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: ROBERT H HAMRICH JR 04/23/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAMRICH, ROBERT H JR.
Address: 4635 DOLPHIN CAY LANE S.
City-St-Zip: SAINT PETERSBURG, FL 33711 US

Title: MGRM ( ) Delete
Name: HAMRICH, BARBARA
Address: 4635 DOLPHIN CAY LANE S.
City-St-Zip: SAINT PETERSBURG, FL 33711 US

ADDITIONS/CHANGES:

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: ROBERT H HAMRICH JR MGRM 04/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date