

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90064 029 ***138.75

DOCUMENT # L06000038015					
1. Entity Name BBG DEVELOPMENT GROUP, LLC					
Principal Place of Business SUITE 107, 2101 NORTH ANDREWS AVENUE WILTON MANORS, FL 33311			Mailing Address SUITE 107, 2101 NORTH ANDREWS AVENUE WILTON MANORS, FL 33311		
2. Principal Place of Business - No P.O. Box # 1400 E. Oakland Park Blvd		3. Mailing Address 1400 E. Oakland Park Blvd			
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210		04082008 Chg-LLC CR2E083 (12/06)	
City & State Oakland Park, FL		City & State Oakland Park, FL		4. FEI Number 65-1273273	
Zip 33334		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSCHE, RICK 2124 NE 44 STREET FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JIM, BEESON 2101 N ANDREWS AVE WILTON MANORS, FL 33311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400 E. Oakland Park Blvd - Suite 210 Oakland Park, FL 33334-4400	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>J.M. Beeson Jr</i> J.M. Beeson Jr 4/22/08 9545638953					