2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 20, 2008 8:00 am Secretary of State

DOCUMENT # L06000059940 1. Entity Name B & B PROPERTY INVESTMENTS, LLC					08-20-2008 90014 002 ***543.75			
Principal Place of Business 8602 ESTRELLA PANAMA CITY BEACH, FL 32408		Mailing Address 1007 GEORGIA AVE. LYNN HAVEN, FL 32444		1 10011011	50009614			
Principal Place of Business - No P.O. Box #		3. Mailing Address 2314 St.						
Suite, Apt. #, etc.		Suite, Apt. # etc. Unit C		08142008		CR2E083 (12/06)		
City & State		Panama City, FL		4. FEI Num 20-50	ber 39007		plied For at Applicable	
Zip	Country	32405	Country	5. Certificat	e of Status Desired	\$5.00 Add Fee Require		
6. Name and Address of Curren		t Registered Agent	stered Agent		7. Name and Address of New Registered Agent			
PANAMA (AS AVENUE CITY, FL 32405 named entity submits this statement ions of registered agent. Signature, typed or printed name of registered agent.		City gistered office or	registered agent, or b	ooth, in the State of Flo	FL Zip Cod orida. I am familiar with,		
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008					Make check payable to Florida Department of State			
9	MANAGING MEMB		10.		ADDITIONS			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRAGAN, ISMAEL 1007 GEORGIA LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2860 Tup Panama	pelo Oriv City, FL	Change 32405	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRAGAN, CRISTIANE 1007 GEORGIA LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2860 Tu Panama	relo Priv	(Change (L 32405	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRAGAN, SILVINO 3001 NOWELL COURT PANAMA CITY, FL 32405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRAGAN, JAZMINA 3001 NOWELL COURT PANAMA CITY, FL 32405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

11. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Delete

Delete

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

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

8-14-08

Daytime Phone #

Change

Change

Addition

Addition