## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 14, 2008 8:00 am Secretary of State

DOCUMENT # L07000040560  1. Entity Name BAB LLC						01-14-2008	90048 032	2 ***13	38.75
Principal Place of Business		Mailing Address		60001493					
#2 BRANNO		#2 BRANNON RIDGE				000011	, 0		
DOTHAN, AL	36303	DOTHAN, AL 36303				)			PBI III (BBI
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			-				
Calle And Andre		Suite Apt # etc		1155115115115		BBI(( BIGI) BBIG) BI(		BB( I)) (BB)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-LLC	CR2E083 (			
City & State		City & State	City & State		4. FEI Number	4 (237	47		plied For t Applicable
Zip	Country	Zip	Country			of Status Desired	rŋ \$5.	00 Add Required	
	6. Name and Address of Current	Registered Agent			7. Name and a	Address of New Re			
01155151	D 14/1/14/14 O 1D		1	Name					
4308 W 17	.D, WILLIAM G JR. 7TH STREET CITY, FL 32401			Street Address t	s (P.O. Box Number is Not Acceptable)				
PANAIVIA (	UII 1, FL 32401								
				City			FL	Zip Code	9
	named entity submits this statement for	or the purpose of changing i	ts registered o	office or registe	red agent, or both	n, in the State of Flo	rida. I am famili	iar with,	and accept
SIGNATURE .	Signature, typed or orinted name of registered agent	and title if applicable (NC	TE: Registered Ag	gent signature require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				-	Make check payable to Florida Department of State				
		5							1
			10.				Department (		ı
9.	/ 1, 2008 Fee will be \$538.79  MANAGING MEMBE MGR		THTLE	<i>8</i> 1.		Florida	<b>Department</b> CHANGES		Addition
After May	/ 1, 2008 Fee will be \$538.79	ERS/MANAGERS	_	ADDRESS	į	Florida	<b>Department</b> CHANGES	of State	
9. TITLE NAME	MANAGING MEMBE MGR PRICE, EDWARD M JR.	ERS/MANAGERS	THTLE NAME	ADDRESS		Florida	<b>Department</b> CHANGES	of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR PRICE, EDWARD M JR. #2 BRANNON RIDGE	ERS/MANAGERS	TITLE NAME STREET A CITY-ST-	ADDRESS		Florida	Department ( CHANGES	of State	
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lluga MURAU	1-10-07	334753-2	420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytme Phone #	