

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90059 002 ****50.00

DOCUMENT # L99000001856

1. Entity Name

B & E DEVELOPMENT, L.L.C.



Principal Place of Business

4309 WEST 17TH STREET
PANAMA CITY FL 32401

Mailing Address

4309 WEST 17TH STREET
PANAMA CITY FL 32401

60004033



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

4309 W 17th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY

City & State

4. FEI Number

59-3572163

Applied For

Not Applicable

Zip

Country

32401

FL

Zip

Country

5. Certificate of Status Desired ☐

\$5.00

Additional
Fee Required

6. Name and Address of Current Registered Agent

PRIBBENOW, ROBERT
4309 WEST 17TH STREET
PANAMA CITY FL 32401

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

R. Pribbenow

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME PRIBBENOW, ROBERT ☐ Delete
STREET ADDRESS 4309 WEST 17TH STREET
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE MGR
NAME PRICE, EDWARD ☐ Delete
STREET ADDRESS P.O. BOX 2228
CITY-ST-ZIP DOTHAN AL 36302

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

R. Pribbenow

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

Date

Daytime Phone #

1/19/05 850 785 4510