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BBS REAL ESTATE HOLDINGS, L.L.C.								FILED						
Principal Place of Business Mailing Address									01	SEP 14	PH 12	: 17		
1501 OCEAN BAY DRIVE. UNIT 22				1501 OCEAN BAY DRIVE, UNIT 22				SECRETARY OF STATE						
KEY LARGO	FL 33037	_	KEY L	ARGO FL 33037					ŢALL!	HASSE	. FLOR	IDA		
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2. Principal Place of Business				3. Mailing Address				Ì		ildig (gill gil		1816 - 1818 - 1818 - 1818		
Suite, Apt. #, etc.				Suite, Apt. #, etc.						DO NOT W	RITE IN T	HIS SPACE		
City & Stat	е	City 8	City & State				4. FEI N	umber	52-217	1265		pplied For lot Applicable	}	
Zip Country			Zip				5. Certificate of Status Desired Spee Require					lditional ed		
6. Name and Address of Current Regist				stered Agent				7. Name	and Add	iress of Ne	v Register	red Agent		
01	II DO DEDI	MADD C	• •			Name :						·	<u> </u>	
CHILDS, BERNARD C 1501 Ocean Bay Drive, Unit 22							ddress (1	P.O. Box N	lumber is	Not Accept	able)			}
KEY LARGO FL 33037														}
						City	FL Zip Code							1
8. The above	named entit	y submits this statement fo	or the purpo	se of changing its	egister	ed office or	r register	ed agent, o	or both, in	the State of	Florida.			1
		•												
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applic	cable. (NOTE	Registere	d Agent signat	ure required	when reinstation	ng)		DA	TE		
				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of			ment of	State	10	ugg	46U	9651	6	
				Due By September 26, 20			2001	OT -U3/25/U1-U1U11-U01 ADDITIONS/CHANGES ******50.00						
9.										ADDITIO	VS/CHAN]_
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CITY-ST-ZIP KEY LARGO FL 33037				CITY-										18
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STREET ADDRESS

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 119.07(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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

☐ Change

Addition

CITY-ST-ZIP TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME