2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004261

1. Entity Name

BBG, LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Principal Place of Business	Mailing Address
440 E OSCEOLA ST	440 E OSCEOLA ST
SUITE 2	SUITE 2
STUART FL 34994	STUART FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
1405 GOLDTREE DR.	P.O. BOX 2714	
Suite, Apt. #, etc. B	Suite, Apt. #, etc.	
City & State PORT ST. LUCIE, FL	City & State STUART FL	**4. FEI Number** 91-1996157
Zip 34952	Country USA	Zip 34995	Country USA

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name MCCARTHY, TERENCE

Street Address (P.O. Box Number is Not Acceptable) MCCARTHY, SUMMERS ET AL

2400 S.E. FEDERAL HWY, 4th FL

City STUART   FL   Zip Code 34994

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.

SIGNATURE _Terence P. McCarthy_   DATE 3/20/01

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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9. MANAGING MEMBERS / MEMBERS			**10.** ADDITIONS / CHANGES	
TITLE MGRM NAME B&B I OF STUART, INC. STREET ADDRESS 440 E OSCEOLA ST SUITE 2 CITY-ST-ZIP STUART FL 34994		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1405 GOLDTREE DR, SUITE B PORT ST. LUCIE FL 34952
TITLE MGRM NAME WAY, GEORGE STREET ADDRESS 440 E OSCEOLA ST SUITE 2 CITY-ST-ZIP STUART FL 34994		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1405 GOLDTREE DR., SUITE B PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500004036855--2 -04/20/01--01127--033 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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

SIGNATURE: _____ PRES. BRUCE LARAWAY   3/1/01   561/220-3488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #