

2001 UNIFORM BUSINESS REPORT (UBR)

0024699 AF

DOCUMENT # L99000005198

1. Entity Name
BVB INVESTMENTS, LLC

FILED

01 MAY 21 AM 8:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
**3019 SW 27TH AVENUE
 SUITE 202
 OCALA FL 34474**

Mailing Address
**3019 SW 27TH AVENUE
 SUITE 202
 OCALA FL 34474**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1700 SE 17th Street
 Suite, Apt. #, etc. **#300**
 City/State **Ocala FL**
 Zip **34471** Country **USA**

3. Mailing Address
1700 SE 17th Street
 Suite, Apt. #, etc. **#300**
 City/State **Ocala FL**
 Zip **34471** Country **USA**

4. FEI Number **59-3595519** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BOYD, ROY T III
3019 SW 27TH AVENUE
SUITE 202
OCALA FL 34474

7. Name and Address of New Registered Agent
 Name **Ray Thad Boyd III MGRM**
 Street Address (P.O. Box Number is Not Acceptable)
1700 SE 17th Street
#300
 City **Ocala** FL Zip Code **34471**

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 DATE **3-27-01**

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYD, ROY T III 3019 SW 27TH AVENUE SUITE 202 OCALA FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ray Thad Boyd III - MGRM 1700 SE 17th Street, #300 Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: **3-27-01** DAYTIME PHONE #: **352-861-2248**

SIGNATURE REQUIRED

CR2E083 (11/00)