


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000004054 1. Entity Name B & P DEVELOPMENT GROUP, LLC	
--	---

Principal Place of Business 300 GULF BOULEVARD BELLEAIR SHORES, FL 33786	Mailing Address 300 GULF BOULEVARD BELLEAIR SHORES, FL 33786
--	--



01102007 No Chg-LLC

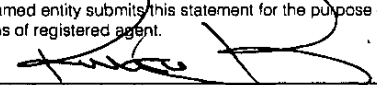
CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0108723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PARSONS, ROBERT W 300 GULF BOULEVARD BELLEAIR SHORES, FL 33786

**DO NOT WRITE
IN THIS SPACE**

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  <small>Signature, typed or printed name of registered agent and title if applicable</small>	Robert W. Parsons <small>(NOTE: Registered Agent signature required when reinstating)</small>	1-10-07 <small>DATE</small>

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARSONS, ROBERT W 300 GULF BOULEVARD BELLEAIR SHORES, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000588811
01/17/07-80086-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Robert W. Parsons 1-10-07 <small>Date</small>	727-546 4066 <small>Daytime Phone #</small>
---	--	--