


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000003134

1. Entity Name
B & B FLORIDA PROPERTIES, LLC



Principal Place of Business 3820 STADIUM DRIVE KALAMAZOO, MI 49008	Mailing Address 3820 STADIUM DRIVE KALAMAZOO, MI 49008
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DO NOT WRITE IN THIS SPACE



02202008No Chg-LLC CR2E083 (12/07)

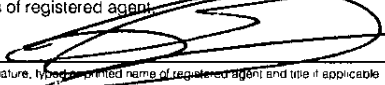
4. FEI Number 20-2197388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD. SUITE 101
 TALLAHASSEE, FL 32301-2960**

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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:  DATE: **2/20/08**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, WILLIAM 3820 STADIUM DRIVE KALAMAZOO, MI 49008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFEN, WILLIAM 3820 STADIUM DRIVE KALAMAZOO, MI 49008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROEKHUIZEN, BARRY 3820 STADIUM DRIVE KALAMAZOO, MI 49008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEELYR, MICHAEL N 3820 STADIUM DR KALAMAZOO, MI 49008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/05/08-80020-013138.75

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:  DATE: **2/20/08**

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