



LIMITED LIABILITY COMPANY ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 MAY -6 PM 12: 59  SECRETARY OF STATE TALLAHASSEE FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>BB GALLERIA ASSOCIATES, LTD., LIMITED COMP ANY</b> <b>1765 MERRIMAN ROAD</b> <b>AKRON OH 44313</b>		<b>DOCUMENT # M95000000146</b>  1a. Principal Place of Business Address  <b>1765 MERRIMAN ROAD</b> <b>AKRON OH 44313</b>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                  Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                  Country		3. Date Organized or Qualified <b>06/19/1995</b>  4. FEI Number <b>34-1801243</b>  5. Date of Last Report <b>03/25/1996</b>	
				3a. State of Formation <b>OH</b>  <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		8. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ Zip Code <b>FL</b>			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____		DATE _____			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MRGM	ENTERPRISE CAPITAL D,	1765 MERRIMAN ROAD		AKRON OH	
MEM	PETRARCA, LENORA J	1765 MERRIMAN ROAD		AKRON OH	
MEM	PENTAGON PARTNERS,	1765 MERRIMAN ROAD		<b>0000000178530--8</b> <b>-05/14/97--01094--015</b> <b>****203.75 ****203.75</b>  	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
<b>SIGNATURE:</b> VP Enterprise Capital Corp. 4/29/97 330-836-9971					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date Daytime Phone #					