## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 01, 2004 8:00 am Secretary of State

DOCUMENT # P99000037870  1. Entity Name  B & B LIMITED, INC.			02-12-2004 90026 017 ***	
"4100 GALT-OCEAN DRIVE, #1606	Mailing Address 4100 GALT OCEAN DRIVE FORT LAUDERDALE FL 33			
	Nailing Address 33 ユェ ルビ 3: Suite, Apt. #, etc.	zh/ 54.	MOORE CR2E034 (11/03	
FCity & State  FT. A AUDERDALE  Zip  Zip  33308  BROWARD  Country  BROWARD	City & State	Country	4. FEI Number 023295764  5. Certificate of Status Desired	Applied For Not Applicable Additional
6. Name and Address of Current Rec	ou MARCUS C	Name Je	The same and address of New Hagistered Agent	
SUITE #300 FORT LAUDERDALE EL 33316	40 W OAKLAU	CitySun	tc 202	Code 1
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  Signature, typesfor particular agent and late if applicable.  (NOTE: Registated Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of St  10. OFFICERS AND DIF	NS 40 S.M. S	11.	9. Election Campaign Financing Trust Fund Contribution.  -ADDITIONS/CHANGES TO OFFICERS AND DIREC	55.00 May Be added to Fees
TITLE PROBLEM WALLY STREET ADDRESS 4100 GALT OCEAN DRIVE, #1606 CITY-ST-ZIP FORT LAUDERDALE FL 33369	☐ Delete	TITLE NAME STREET ADDRESS	President BREWER Dans 3320 NE 3325 St out Landend le 21 33	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  FOR THE ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	B & B LIMITED INC.  DBA WALLY'S TAVERN  \$320 NE SBRD STREET  FORT LAUDERDALE, FL 33308	ange Addition
TITLE MAMF STREET ADDRESS CITY-SI- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	ange Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  T-LAYS  T	33308	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Che	ange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Osfete	NAME STREET ADDRESS CITY-ST-ZIP	□ Che	ange , Addition
MARE CRITICAL STREET ADDRESS CITY-ST-ZP	☐ Delete	TITLE  NAME  STREET ADDRESS  CITYEST-ZIP	□ Cha	ange Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED ON PRINTED HAME OF SIGNAND OFFICER OR DIRECTOR Date   D				