

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90122 043 ****50.00

20053208




02032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 82-0578007	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

DOCUMENT # L02000019544
1. Entity Name
BB&B, LLC



Principal Place of Business P. O. BOX 363633 SAN JUAN, PR 00936 PR	Mailing Address 220 MIRACLE MILE 206 CORAL GABLES, FL 33134 PR
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARNALDO VELEZ, P.A.
35 ALMERIA AVENUE
MIAMI, FL 33134

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARREIRO, ARTURO PO BOX 363633 SAN JUAN, PR 00936
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IN THIS SPACE**

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 606, Florida Statutes.

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