


FILED
Jun 19, 2003 8:00 am
Secretary of State

06-09-2003 90004 011 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000019544			
1. Entity Name BB&B, LLC			
Principal Place of Business P. O. BOX 363633 SAN JUAN, PR 00936 PR		Mailing Address P. O. BOX 363633 SAN JUAN, PR 00936 PR	
2. Principal Place of Business		3. Mailing Address 220 MIRACLE MILE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 206	
City & State		City & State CORAL GABLES, FL	
Zip		Zip 33134	
Country		Country U.S.A.	
4. FEI Number 82-0578007		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARNALDO VELEZ, P.A. 35 ALMERIA AVENUE MIAMI, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 fee if applicable.		(NOTE: Registered Agent Signature Required when substituting)	
<p>FILE NOW!!! FEE IS \$50.00 Make Check/Payable to Florida Department of State Due By May 1, 2003</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARREIRO, ARTURO P. O. BOX 363633 SAN JUAN, PR 00936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:		305-4449929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CRZE083 (10/02)

ATTACHMENT

LO2000019549

44004785

LEONOR M. LEAL
Certified Public Accountant

220 Miracle Mile Suite 206
Coral Gables, Florida 33134-5909
Telephone 305-444-9929
Fax 305-444-9181

Member of
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

June 2, 2003

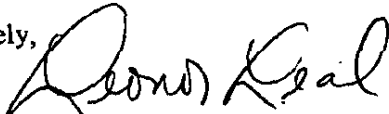
Uniform Business Report
Division of Corporation
P O BOX 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Please accept this as a timely filed 2003 Limited liability company report. The company mailing address is in Puerto Rico and as of this date they do not have any records of receiving the renewal form.

If you have any questions do not hesitate to contact the undersigned.

Sincerely,



Leonor M Leal