


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 08:00 A
Secretary of State

DOCUMENT # L03000013005 1. Entity Name BIB, LLC	
---	---

Principal Place of Business 2050 JAMAICA WAY PUNTA GORDA, FL 33950	Mailing Address 2050 JAMAICA WAY PUNTA GORDA, FL 33950
--	--

DO NOT WRITE IN THIS SPACE



08022006No Chg-LLC CR2E083 (11/05)


4. FEI Number 81-0610539	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

MCATEE, KAREN F
2050 JAMAICA WAY
PUNTA GORDA, FL 33950

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: 8-1-06

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 6, 2006

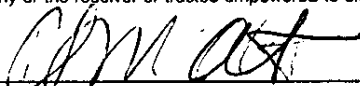
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCATEE, DAVID
STREET ADDRESS	2050 JAMAICA WAY
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	MCATEE, KAREN
STREET ADDRESS	2050 JAMAICA WAY
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	QUINN, JAMES
STREET ADDRESS	2310 VIA VENICE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	OKOMSKI, CHARLENE
STREET ADDRESS	2310 VIA VENICE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	WYNN, KATHY
STREET ADDRESS	3972 CROOKED ISLAND DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000573531
08/07/06-80001-008 50.00

DO NOT WRITE
IN THIS SPACE

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: 8-1-06

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