


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AP)

8/29/2006-90074-014-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:07

DOCUMENT # E05000114004		
1. Entity Name BBCDRB, LLC		
Principal Place of Business 3595 COMMODORE CIRCLE DELRAY BEACH FL 33483	Mailing Address 3595 COMMODORE CIRCLE DELRAY BEACH FL 33483	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

20-3875884

2nd MOORE CR2E083 (4/06)

4. FEI Number 20-3875884				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		
FELLER, JOSEPH N 8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE FL 33068			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, hand or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when non-paying)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By: September 6, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME	MGRM PISER, TIMOTHY H	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	3595 COMMODORE CIRCLE DELRAY BEACH FL 33483		STREET ADDRESS CITY - ST - ZIP		
TITLE NAME	MGRM YURIT, JOHN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	3595 COMMODORE CIRCLE DELRAY BEACH FL 33483		STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		

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: 8/24/06

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