

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 23, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L00000006595**

1. Entity Name

B.B.S. ENTERPRISES L.L.C.



Principal Place of Business

506 EAST OBISPO AVE  
CLEWISTON, FL 33440

Mailing Address

155 NORTH ROMERO ST.  
CLEWISTON, FL 33440



01182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-0928676

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BOGAROUS, SUSY  
155 NORTH ROMERO ST.  
CLEWISTON, FL 33440

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOGARDUS, SUSY
STREET ADDRESS	155 NORTH ROMERO ST.
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	MGR
NAME	MESTRES, ROBERT W
STREET ADDRESS	645 NORTH OLIVO ST.
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	MGR
NAME	BOGARDUS, STEVE
STREET ADDRESS	155 NORTH ROMERO ST
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000394407  
01/26/06-80009-012 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1.19.06