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

DOCUMENT # L0200000245 #11392-1

1. Entity Name

BBM FAMILY, L.L.C.

SIGNATURE



FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90228 001 ****50.00

	, 5 4-6	,					135	ļ					
Principal Place of Business				Mailing Address									
240 S. PINEAPPLE AVE 10TH FLOOR SARASOTA FL 34236				P.O. BOX 49948 SARASOTA FL 34230-6948									
2. Principal Place of Business				3. Mailing Address									
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Num	46-048	2028		Applied For Not Applicable	
Zip	Zip Country			Zip Country		ntry		5. Certifica	te of Status Desired		\$5.00 A Fee Requi		
	6. Name	gistered Agent				7. Name ar	nd Address of New	Registered	Agent				
BAND, DAVID S						Name							
240		PLE AVE., 10TH FL			Street Address (P.O. Box Number is Not Acceptable)								
3A1A301A 1 E 37230													
					City				F	L Zip Co	ode		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
				FILE NO	Will	FFF IS \$5	50.00						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003													
9.	MANAGING MEMBERS/MANAGERS 10.								ADDITIONS	CHANGE	s		
TITLE				☐ Delete	TITL		MGR				☐ Change	Addition	
NAME STREET ADDRESS				NAMI STRE		ET ADDRESS		d, David S.			ļ		
CITY-ST-ZIP						-ST-ZIP		S. Pineapple Ave., 10th Floor				ļ	
TITLE				☐ Delete	TITU	E	MGR	•			☐ Change	K Addition	
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indicated limited lial	on this report bility compar	t is true and accurate ny or the receiver or true	and that stee en	s filing does not qualify for t my signature shall have t paragraph of execute this r	the exe the same report as	e legal effect required by	t as if may y Chapte	ade under oa er 608, Florida	on, Florida Statutes. th; that I am a mana a Statutes.	ging memb	nuly that the ser or manaç	ger of the	

PERIODICS BAND, MANAGER

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/17/03

Date

941-366-6660

Daytime Phone #