


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000001575  
 1. Entity Name  
 BBP, LLC



|  |  |
|--|--|
| Principal Place of Business<br>1812 6TH AVENUE SOUTH<br>BIRMINGHAM, AL 35210 | Mailing Address<br>1812 6TH AVENUE SOUTH<br>BIRMINGHAM, AL 35210 |
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**DO NOT WRITE IN THIS SPACE**



08302004 No Chg-LLC CR2E083 (10/03)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>43-1961456  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 reinstating)

10000017893  
 09/03/04-80004-020 55.00

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PHILLIPS, WILLIAM M<br>PO BOX 530092<br>BIRMINGHAM, AL 35253 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BATES, DAVID<br>1812 6TH AVE. SO.<br>BIRMINGHAM, AL 35210    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BATES, HARRY<br>PO BOX 433<br>BUTLER, AL 36904               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: David Bates DAVID BATES 8-30-04 205 879  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date: 8-30-04 Daytime Phone #: 8853