2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2005
Secretary of State

DOCUMENT# L03000009552

Entity Name: B2C, LLC

Current Principal Place of Business:

8550 A1A SOUTH
#237
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

8550 A1A SOUTH
#237
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 05-0558788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GENERAL COUNSEL ADVISORS, P.A.
1416 HOLLY GLEN RUN
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	ST	( ) Delete
Name:	BREEN, NORMAN	
Address:	8550 A1A S UNIT 2-37	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	
Title:	P	( ) Delete
Name:	BREEN, JOANNE	
Address:	8550 A1A S UNIT 2-37	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	
Title:	VP	( ) Delete
Name:	BREEN, SHAWN	
Address:	13750 W COLONIAL DR 340	
City-St-Zip:	WINTER GARDEN, FL	
Title:	D	( ) Delete
Name:	CRENSHAW, MICHAEL	
Address:	13750 W COLONIAL DR 340	
City-St-Zip:	WINTER GARDEN, FL	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NORMAN BREEN ST 07/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date