

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009552

FILED
Mar 06, 2007
Secretary of State

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 ()

Name and Address of Current Registered Agent:

BREEN, NORMAN P
8550 A1A SOUTH
#237
ST. AUGUSTINE, FL 32080 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: T () 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 34787

Title: S () Delete
Name: CRENSHAW, CHRISTINE
Address: 13750 W COLONIAL DR 340
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: CRENSHAW, MICHAEL
Address: 13750 W COLONIAL DR 340
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: BREEN, TIM
Address: 13750 W COLONIAL DR 340
City-St-Zip: WINTER GARDEN, FL 34787

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 Chapter 119, 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 P. BREEN

T

03/06/2007

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