

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90040 011 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000032959	
<b>1. Entity Name</b> BB WORLD LLC	

<b>Principal Place of Business</b> 4360 NORTHLAKE BLVD. STE. 203 PALM BEACH GARDENS, FL 33410	<b>Mailing Address</b> 4360 NORTHLAKE BLVD. STE. 203 PALM BEACH GARDENS, FL 33410
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20030670

(L03000032959C)

<b>2. Principal Place of Business</b> Suite, Apt. #, etc. 4966 BONSAI CIRCLE, SUITE 200	<b>3. Mailing Address</b> Suite, Apt. #, etc. 4966 BONSAI CIRCLE, SUITE 200
<b>City &amp; State</b> PALM BEACH GARDENS, FL	<b>City &amp; State</b> PALM BEACH GARDENS, FL
<b>Zip</b> 33418	<b>Country</b> US

04082005 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 51-0478328	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$5.00** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> BORKOWSKI, LESZEK 4360 NORTHLAKE BLVD. STE. 203 PALM BEACH GARDENS, FL 33410
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number Is Not Acceptable) 4966 BONSAI CIRCLE, SUITE 200 City PALM BEACH GARDENS FL Zip Code 33418
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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. **DATE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	MGR BORKOWSKI, LESZEK 4360 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	4966 BONSAI CIRCLE, SUITE 200 PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 608, Florida Statutes.

**SIGNATURE:**

Borkowski

5/20/05

561-627-4737