


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90051 002 ****50.00

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| DOCUMENT # L03000044059 |  |
| 1. Entity Name BBCOMGT, L.L.C. | |

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| Principal Place of Business 101 N. WOODLAND BLVD #600 DELAND, FL 32720 | Mailing Address 101 N. WOODLAND BLVD #600 DELAND, FL 32720 |
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|---|---|
| 2. Principal Place of Business 101 N. Woodland Blvd Suite, Apt. #, etc. 100 City & State DeLand FL Zip 32720 Country USA | 3. Mailing Address 101 N. Woodland Blvd Suite, Apt. #, etc. 100 City & State DeLand FL Zip 32720 Country USA |
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01202005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 27-0088338 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent BAUMGARTNER, ROGER B 101 N. WOODLAND BLVD #600 DELAND, FL 32720 | 7. Name and Address of New Registered Agent Name Baumgartner Roger B Street Address (P.O. Box Number is Not Acceptable) 101 N. Woodland Blvd City DeLand FL Zip Code 32720 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**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 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BAUMGARTNER, ROGER B 101 N. WOODLAND BLVD., #600 DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE 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: Roger B Baumgartner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #