


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90262 012 ****50.00

DOCUMENT # L03000044059					
1. Entity Name BBCOMGT, L.L.C.					
Principal Place of Business 101 N. WOODLAND BLVD 100 DELAND, FL 32720			Mailing Address 101 N. WOODLAND BLVD 100 DELAND, FL 32720		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 27-0088338	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAUMGARTNER, ROGER B 101 N. WOODLAND BLVD #100 DELAND, FL 32720			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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)					
Filing Fee is \$50.00 Due by May 1, 2006		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 exemptions contained in Chapter 119, 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: <i>Roger B Baumgartner</i>			3/14/06 386.734.1665		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



ATTACHMENT

20019636

#L03000044059

Robert L. Cohen, CPA (1934 - 1996)
George S. Smith III, CPA
Michael W. Brooks, CPA

**FILING INSTRUCTIONS
FOR 2006 PROFIT CORPORATION
ANNUAL REPORT**

CLIENT BBCOMGT, LLC

DATE March 6, 2006

ITEMS MARKED "X" REQUIRE YOUR ATTENTION.

[X] DATE DUE May 1, 2006

[X] FEE DUE \$ 50.00 Attach a check payable to the "Florida Department of State".
Indicate your employer identification number on the check.

[X] SIGNATURE The return should be signed and dated by an officer or director as indicated on the front page (Box #12).

[X] MAIL TO DIVISION OF CORPORATIONS
Post Office Box 6198
Tallahassee, Florida 32314
(We have provided a pre-addressed envelope for your convenience.)

[X] COPY Retain the "Client Copy" for your files.

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