

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035020

1. Entity Name
BBP LLC



Principal Place of Business
**405 RIVERSIDE DRIVE
MELBOURNE BEACH, FL 32951 US**

Mailing Address
**405 RIVERSIDE DRIVE
MELBOURNE BEACH, FL 32951 US**

**U00000475690
04/05/06-80024-009 50.00**



DO NOT WRITE IN THIS SPACE

03122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
83-0398178

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOOS, JEFFREY
405 RIVERSIDE DRIVE
MELBOURNE BEACH, FL 32951**

**DO NOT WRITE
IN THIS SPACE**

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 state if applicable.

(NOTE: Registered Agent signature required when re-registering)

3/16/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOOS, JEFFREY
405 RIVERSIDE DRIVE
MELBOURNE BEACH, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BETTEN, DAVID
405 RIVERSIDE DRIVE
MELBOURNE BEACH, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PHILLIPS, RICHARD
405 RIVERSIDE DRIVE
MELBOURNE BEACH, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

3/16/06
Date

Daytime Phone #