




# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90210 036 \*\*\*\*50.00

<b>DOCUMENT # L04000065401</b> 1. Entity Name <b>BB CONSTRUCTION SERVICES LLC</b>					
Principal Place of Business <b>230 MARITSA RD FT WALTON BEACH, FL 32548</b>				Mailing Address <b>230 MARITSA RD FT WALTON BEACH, FL 32548</b>	
2. Principal Place of Business <b>76 SPINNAKER LN</b>		3. Mailing Address <b>76 SPINNAKER LN</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>SHALIMAR FL</b>		City & State <b>SHALIMAR, FL</b>		4. FEI Number <b>20-1533767</b>	
Zip <b>32579</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BURNS, WILLIAM A 230 MARITSA RD FT WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent Name <b>WILLIAM A. BURNS</b> Street Address (P.O. Box Number is Not Acceptable) <b>76 SPINNAKER LN</b> City <b>SHALIMAR FL</b> Zip Code <b>32579</b>		
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)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURNS, WILLIAM A 230 MARISA RD NW FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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.					
<b>SIGNATURE:</b> 		Date <b>4/03/06</b>		Daytime Phone # <b>484-955-6283</b>	