


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000071619 1. Entity Name BWB, LLC |  |
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| Principal Place of Business 282 INDIAN TRACE ROAD WESTON, FL 33326 | Mailing Address 282 INDIAN TRACE ROAD WESTON, FL 33326 |
|--|--|



02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FE# Number 20-1659454 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 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 MASARO, WILLIAM 282 INDIAN TRACE ROAD WESTON, FL 33326 |
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**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MASARO, WILLIAM 282 INDIAN TRACE ROAD WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CABLE, ROBERT 282 INDIAN TRACE RD WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEIDNER, BENJAMIN 282 INDIAN TRACE RD WESTON, FL 33326 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/23/07-80038-008 150.00

**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

Date

Daytime Phone #

4-30-2007