## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000072531

Name:

Address:

City-St-Zip:

1201 HARRISON ABE

KINGSPORT, TN 37665

Entity Name: BNB AQUA FORMS, LLC

FILED Jan 15, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2476 STATE PARK ROAD LAKELAND, FL 338059203 US **Current Mailing Address: New Mailing Address:** 2476 STATE PARK ROAD LAKELAND, FL 338059203 US FEI Number: 61-1477018 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MARTIN, BRIAN Name: Name: 2476 STATE PARK ROAD Address: Address: City-St-Zip: LAKELAND, FL 338059203 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TAMMY, MOYER Name: Address: 2476 STATE PARK RD Address: City-St-Zip: LAKELAND, FL 33805 US City-St-Zip: Title: MGRM () Delete Title: MGMR (X) Change ( ) Addition NAPLES, CHARLES S JR Name: NAPLES, CHARLES S JR. Name: Address: 1363 LORAL GLEN DR Address: 1363 LORAL GLEN DR City-St-Zip: BARTOW, FL 33830 City-St-Zip: BARTOW, FL 33830 Title: MGRM (X) Delete Title: () Change () Addition MARTIN, ROGER L

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TAMMY S MOYER MGR **MGMR** 01/15/2007