

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000079646

1. Entity Name
BBMPS ENTERPRISES, LLC



Principal Place of Business
**227 SPRINGMEADOW WAY
MONROE TOWNSHIP, NJ 08831**

Mailing Address
**227 SPRINGMEADOW WAY
MONROE TOWNSHIP, NJ 08831**



01302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1830993

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAW, TIMOTHY S
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BLACKMAN, EDWARD L MD
227 SPRINGMEADOW WAY
MONROE TOWNSHIP, NJ 08831**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SPIEGEL, PHILLIP
350 SUNRISE WAY
MONROE TOWNSHIP, NJ 08831**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000419031
02/14/06-80032-003 50.00

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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

1/30/06

Date

732-940-5511

Daytime Phone #