

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90143 027 ****50.00

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**

60014174



01062007 No Chg-LLC

CR2E083 (11/05)

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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 **50 CENTRAL AVE**
SARASOTA, FL 34236 **SUITE 700**

**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	MGR
NAME	BLACKMAN, EDWARD L MD
STREET ADDRESS	227 SPRINGMEADOW WAY
CITY-ST-ZIP	MONROE TOWNSHIP, NJ 08831
TITLE	MGR
NAME	SPIEGEL, PHILLIP
STREET ADDRESS	350 SUNRISE WAY
CITY-ST-ZIP	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	

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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] 1/18/07