2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2008 08:00 AM **DOCUMENT # L04000079646 Secretary of State** BBMPS ENTERPRISES, LLC Principal Place of Business Mailing Address 227 SPRINGMEADOW WAY 227 SPRINGMEADOW WAY MONROE TOWNSHIP, NJ 08831 MONROE TOWNSHIP, NJ 08831 CR2E083 (12/07) 01032008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1830993 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAW, TIMOTHY S DO NOT WRITE 50 CENTRAL AVE **SUITE 700** IN THIS SPACE SARASOTA, FL 34236 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 * MANAGING MEMBERS/MANAGERS MGR TITT: F NAME BLACKMAN, EDWARD L MD STREET ADDRESS 227 SPRINGMEADOW WAY Unnana789365 MONROE TOWNSHIP, NH 08831 CITY-ST-ZIP MGR TITLE SPIEGEL, PHILLIP NAME STREET ADDRESS 350 SUNRISE WAY DITY-ST-ZIP MONROE TOWNSHIP, NJ 08831 mie NAME STREET ADDRESS DO NOT WRITE CITY-ST-71P IN THIS SPACE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS C114-21-21b

NAME STREET ADDRESS CITY-ST-ZIP