

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001285

Entity Name: B.J.B.C. LLC

FILED  
Aug 02, 2006  
Secretary of State

**Current Principal Place of Business:**

5365 DAVID BLVD.  
PORT CHARLOTTE, FL 33981

**New Principal Place of Business:**

**Current Mailing Address:**

5365 DAVID BLVD.  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

FEI Number: 20-2110048      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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:**

Title: MGRM ( ) Delete  
Name: REID, WILLIAM J  
Address: 5365 DAVID BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGRM ( ) Delete  
Name: REID, JOANNE  
Address: 5365 DAVID BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33981

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: WILLIAM J. REID

MGRM

08/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date