

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016696

FILED
Mar 14, 2006
Secretary of State

Entity Name: BBF&P, LLC

Current Principal Place of Business:

6541 COSTA MESA
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

6541 COSTA MESA
PENSACOLA, FL 32504

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, KEVIN
6541 COSTA MESA
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: BATTLE, EMERY A JR.
Address: 5085 EVES PLACE
City-St-Zip: ROSWELL, GA 30076

Title: MGRM () Delete
Name: BELINFANTE, LOUIS S
Address: 4875 HEARDMONTE FARMS LANE
City-St-Zip: CUMMING, GA 30040

Title: MGRM () Delete
Name: POLO, JOSEPH D
Address: 7035 RED CLIFF COURT
City-St-Zip: SUWANEE, GA 30024

Title: MGRM () Delete
Name: FISHER, KEVIN
Address: 6541 COSTA MESA
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

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

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

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: KEVIN FISHER

MGRM

03/14/2006

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