2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000025396

1. Entity Name
B&S HOLDINGS, LLC

Principal Place of Business	Mailing Address
3339 NORTHGLENN DRIVE ORLANDO, FL 32086	3339 NORTHGLENN DRIVE ORLANDO, FL 32086

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 568067
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ORLANDO, Fl
Zip 32806	Country	Zip 32856-8067	Country USA

01242006   Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-2507588   Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELLOWS, DALE W 3339 NORTHGLENN DRIVE ORLANDO, FL 32086.	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32806

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

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE	MANAGER	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DALE W. BELLOWS		NAME		
STREET ADDRESS	3339 NORTHGLENN DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, Fl 32806		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____   3/21/06   407-826-9281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #