2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT #1 05000036106



FILED Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90023 025 ****55.00

1. Enlity Namy B & B CONSULTANTS LLC						01-03-2000	J0023 02.	, 33	.00	
Principal Place 3444 HIGHLA SARASOTA, F	ANDS BRIDGE ROAD	Mailing Address 3444 HIGHLANDS BRIDGE ROAD SARASOTA, FL 34235								
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02062006	Chg-LLC	CR2E08	3 (11/05)		
City & State	9	City & State			4. FEI Numb	0-215	021		plied For t Applicable	
Zip	Country Zip Cou			try	5. Certificate of Status Desired S5.00 Additional Fee Required					
	6. Name and Address of Current F	Registered Agent			7. Name an	d Address of New F	Registered Ag	jent		
BAPTISTE, ROY L DR. 3444 HIGHLANDS BRIDGE ROAD				Name Street Address (P.O. Box Number is Not Acceptable)						
SARASOT	A, FL 34235									
				City			FL	Zip Code	,	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	l ad office or registe	ered agent, or b	oth, in the State of Fi		l miliar with, a	and accept	
SIGNATURE .										
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006							te check pay a Departme	-		
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TOLE	MGRM	☐ Delete	THIL	:				Change	Addition	
NAME	BAPTISTE, ROY L	_	NAM	- I						
STREET ADDRESS CITY-ST-ZIP				et address -st-zip					,	
TITLE	MGRM	☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS	BAPTISTE, CHERYLE 3444 HIGHLANDS BRIDGE ROA	D	NAM	E ET ADDRESS						
CITY-ST-ZIP	SARASOTA, FL 34235			-ST-ZIP						
TITLE		☐ Delete	TITL	<u> </u>				☐ Change	Addition	
NAME			NAM	Ε						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
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44 I basabu	certify that the information supplied with	this filing does not qualify to	or the eve	motione container	t in Chapter 119	Florida Statutae 11	urther certify	that the info	rmation	
indicated	certify that the information supplied with on this report is true and accurate and bility company or the leceiver or trustee	that my signature shall have	the sam	e legal effect as if	made under oa	th; that I am a mana	ging member	or manage	r of the	

3-6-06 19:58

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2006 LIMITED LIABILITY COMPANY

ATTACUBARAT

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DOCUMENT # L05000036106 1. Entity Namo B & B CONSULTANTS LLC					Note the second		- 7 (n				
Principal Place	e of Business	s	Mailing Address	Mailing Address			2607	ころしせ			
3444 HIGHLANDS BRIDGE ROAD SARASOTA, FL 34235			3444 HIGHLANDS BRIDGE ROAD SARASOTA, FL 34235			2	2002				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02062006	Chg-LLC	CR2E083 (11			
City & State			City & State Zip Country			4. FEI Numb	-21150		Applied For Not Applicable		
Zip	!	Country	Zip	Coun	ııry		e of Status Desired	Fee Re	Additional quired		
	6. Name	and Address of Current R	legistered Agent		Name	7. Name and	d Address of New R	legistered Agent			
BAPTISTE, ROY L DR. 3444 HIGHLANDS BRIDGE ROAD SARASOTA, FL 34235						Street Address (P.O. Box Number is Not Acceptable)					
					City			FL Zip	Code		
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											
Filing Fee is \$50.00 Due by May 1, 2006				•				e check payable a Department of			
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGRM		☐ Delete	TITE	E			☐ Ch	ange 🔲 Addition		
NAME	BAPTIST	· ·	.	NAM					ļ		
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NAME	BAPTISTE, CHERYLE		NAM	-				_			
STREET ADDRESS CITY-ST-ZIP	* * * * * * * * * * * * * * * * * * * *				EET AODRES\$ '-ST-ZIP						
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STREET ADDRESS					EET 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: William MALCOLM CARPENTER, MGRM 3 6.46 2025371858											
SIGNATURE: Date OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR S											