## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 13, 2006 8:00 am Secretary of State

DOCUMENT # L05000066989  1. Entity Name BMB, LLC					01-13-2006 90036 049 ****50.00				
Principal Place of Business 1197 S. ROGERS CIRCLE BOCA RATON, FL 33487		Mailing Address 1197 S. ROGERS CIRCLE BOCA RATON, FL 33487			1   3   1   1   1   1			3 1818! 16118 161	<b>10</b> 5    1 5 <b>01</b> 1
2. Principal Place of Business		3. Mailing Address		1					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042006	Chg-LLC	CR2E08	3 (11/05)	
City & State		City & State			4. FEI Numb	310878	31		plied For t Applicable
Zíp Country		Zip Count		try		e of Status Desired		<b>5.00</b> . Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent  Name					
LUPO, JAC 1197 S. RC	الم مر				s (P.O. Box Numl	per is Not Acceptable)			
BOCA RA	TON, FL 33487								
	*			City	- 15		FL	Zip Code	3
8. The above the obligat	named entry submits this statement for ions of registered agent.					oth, in the State of Flor	ida. I am fa	L miliar with,	and accept
	Signature, types or printed name of registered agent at	nd the fapplicable (NOTE	Registered	d Agent signature requir	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006							check pa Departme	yable to nt of State	,
9.	MANAGING MEMBER	I RS/MANAGERS	10.			ADDITIONS/0	CHANGES		
TITLE			TITLE					☐ Change	☐ Addition
NAME	1 .		NAMI						
STREET ADDRESS CITY-ST-ZIP	1197 S. ROGERS CIRCLE BOCA RATON, FL 33487			ET ADDRESS -ST-ZIP					
TITLE			TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	•		NAME	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE	:				☐ Change	Addition
NAME			NAMI	4					
STREET ADDRESS CITY-ST-ZIP				et adoress -st-zip					
TITLE		☐ Detete	TITLE			· · · · · ·		☐ Change	☐ Addition
NAME	-		NAME						
STREET ADDRESS				et adoress					
CITY-ST-ZIP			-	-ST-ZiP				=	
TITLE NAME	_	☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS				et adoress					
CITY-ST-ZIP			СП.	-ST-ZfP					
TITLE		☐ Delete	TITLE	ľ				☐ Change	Addition
NAME STREET ADDRESS			NAME	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
11. I bereby o	certify that the information supplied with	this filing does not qualify for	the exec	motions contained	d in Chapter 119	, Florida Statutes. I furi	ther certify t	that the info	rmation
indicated limited lia	on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall have t empowered to execute this r	he same	legal effect as if required by Cha	made under oat pter 608, Florida	h; that I am a managii Statutes.	ng member	or manage	r of the

SIGNATURE AND TYRED OA PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE