2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000077148



FILED Apr 07, 2006 8:00 am

1. Entity Name BBB&C LLC					Secretary of State 04-07-2006 90208 040 ****50.00			
Principal Place 8603 11TH BRADENTON		Mailing Address 8603 11TH AVE NW BRADENTON, FL 34209						
2. Principal P	tace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04042006 Chg-L⊥C	CR2E083 (1	11/05)		
City & State	e	City & State		4. FEI Number 36-45789	16	Applied For Not Applicable		
Zip	Country	Zip	Country	,	5. Certificate of Status Desired			
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent				
			1	Name				
8603 11TF	J, CAROLE J HAVE NW ON, FL 34209	•		Street Address (f	P.O. Box Number is Not Accepte	bie)		
			City			FL 2	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 Signature, typed or printed reare of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	ling Fee is \$50.00 ue by May 1, 2006					ake check payab Ida Department ()
9.	MANAGING MEME	ERS/MANAGERS	10.		ADDITION	NS/CHANGES		
TITLE	MGRM	Deleta	TITLE				Change	☐ Addition
NAME	CATINEAU, CAROLE J		NAME				-	
STREET ADDRESS	8603 11TH AVE NW		STREET	ADDRESS				
CITY-ST-ZIP	BRADENTON, FL 34209			T-ZIP				
DILE	MGRM Delete IIII		ntle				Change	☐ Addition
NAME	CATINEAU, ROBERT J		NAME			-		
STREET ADDRESS	8603 11TH AVE NW		STREET	ADDRESS				
CATY-ST-ZIP	BRADENTON, FL 34209		CITY-S	T-ZIP				,
TITLE	MGRM	☐ Delete	TITLE				Change	Addition
NAME	CURRIE, ROBERT S		NAME	l			-	
STREET ADDRESS	24740 MARVA POINT WAY		STREET	ADDRESS	• • •	<u> </u>		
CITY-ST-ZIP	HOLLYWOOD, MD 20636		CITY-S	T-ZIP				
TITLE	MGRM	Delete	TITLE				Change	Addition
NAME	CURRIE, BETTY W		NAME					
STREET ADDRESS	24740 MARVA POINT WAY			ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 20636	······································	CITY-S	T- ZIP				
TITLE		☐ Deleta	TITLE	}			Change	☐ Addition
NAME			NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S	T-ZIP	~ ····································			
TITLE		Deleta	TITLE				Change	Addition
NAME			NAME	1				
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S	T-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify for the examptions 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.