2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2006
Secretary of State

DOCUMENT# L05000089860

Entity Name: BCKSQUARED, LLC

Current Principal Place of Business:

485 W. HERNDON STREET
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

485 W. HERNDON STREET
HERNANDO, FL 34442

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHARETTE, TERESA A
485 W HERDON STREET
HERNANDO, FL 34442 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: CHARETTE, TERESA A
Address: 485 W HERNDON STREET
City-St-Zip: HERNANDO, FL 34442

Title: MGRM ( ) Delete
Name: CHARETTE, PATRICK A
Address: 485 W HERNDON STREET
City-St-Zip: HERNANDO, FL 34442

Title: MGRM ( ) Delete
Name: BROADWAY, CATHERINE
Address: 530 HARBUCK RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM ( ) Delete
Name: BROADWAY, ERIC
Address: 530 HARBUCK RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM ( ) Delete
Name: KEISACKER, RENDA
Address: 5439 WOODLAND LANE
City-St-Zip: MILTON, FL 32583

Title: MGRM ( ) Delete
Name: KEISACKER, JEFFERY
Address: 5439 WOODLAND LANE
City-St-Zip: MILTON, FL 32583

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:

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: TERESA A CHARETTE MRS 06/18/2006

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