

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

03-06-2006 90205 045 ****50.00

DOCUMENT # L05000110174					
1. Entity Name BETTER BUSINESS BROKERS - SMALL BUSINESS ANALYST LLC					
Principal Place of Business 6289 107TH AVENUE NORTH PINELLAS PARK FL 33782 US			Mailing Address 6289 107TH AVENUE NORTH PINELLAS PARK FL 33782 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2551533	
				Applied For ☒ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FORSTER, RICK W 6289 107TH AVENUE NORTH PINELLAS PARK FL 33782			7. Name and Address of New Registered Agent Name 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 Signature, typed or printed name of registered agent and fee if applicable. DATE: Registered Agent signature required when renewing.					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR - Member FORSTER, RICK W 6289 107TH AVENUE NORTH PINELLAS PARK FL 33782 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRINCIPAL MANAGING MEMBER CAROLE RACER 705 ELKHORN RD SW CITY CENTER, FL 33573 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.					
SIGNATURE: <i>Rich Forster</i>			2/24/06 727-216-9608		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					