

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

04-27-2006 90025 012 ****50.00

DOCUMENT # L05000123045					
1. Entity Name BS ENTERPRISES, LLC					
Principal Place of Business 3971 SPYGLASS HILL ROAD SARASOTA, FL 34238			Mailing Address 3971 SPYGLASS HILL ROAD SARASOTA, FL 34238		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KEENE, JOSEPH A SR. 3971 SPYGLASS HILL ROAD SARASOTA, FL 34238				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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEENE, JOSEPH A SR. 3971 SPYGLASS HILL ROAD SARASOTA, FL 34238 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEENE, BEVERLY A 3971 SPYGLASS HILL ROAD SARASOTA, FL 34238 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEENE, JILL A 3971 SPYGLASS HILL ROAD SARASOTA, FL 34238 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BECKWITH, TIMOTHY P 3971 SPYGLASS HILL ROAD SARASOTA, FL 34238 ☐ 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
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 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: _____		Joseph A. Keene		4/24/06 941.926-2903	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

30008744



04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-4009310** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required