2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000123045

1. Entity Name
BS ENTERPRISES, LLC

Principal Place of Business	Mailing Address
3971 SPYGLASS HILL ROAD SARASOTA, FL 34238	3971 SPYGLASS HILL ROAD SARASOTA, FL 34238

07032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4009810
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KEENE, JOSEPH A SR.
3971 SPYGLASS HILL ROAD
SARASOTA, FL 34238

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

000000768434
07/12/07-80008-003 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KEENE, JOSEPH A SR.
STREET ADDRESS	3971 SPYGLASS HILL ROAD
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	MGRM
NAME	KEENE, BEVERLY A
STREET ADDRESS	3971 SPYGLASS HILL ROAD
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	MGRM
NAME	KEENE, JILL A
STREET ADDRESS	3971 SPYGLASS HILL ROAD
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	MGRM
NAME	BECKWITH, TIMOTHY P
STREET ADDRESS	3971 SPYGLASS HILL ROAD
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 7-8-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #