

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003321

FILED
Jan 05, 2007
Secretary of State

Entity Name: BB NETWORK LLC

Current Principal Place of Business:

ONE TAMPA CITY CENTER
SUITE 2880
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

PO BOX 3286
TAMPA, FL 33601

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHANAN, KIM P
ONE TAMPA CITY CENTER
2880
TAMPA, FL 33602 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: MGMM () Delete
Name: BUCHANAN, KIM P
Address: PO BOX 3286
City-St-Zip: TAMPA, FL 33601

Title: MGR () Delete
Name: BUCHANAN, TRAVIS G
Address: PO 3286
City-St-Zip: TAMPA, FL 33601

Title: MGR () Delete
Name: BUCHANAN, RYAN W
Address: PO BOX 3286
City-St-Zip: TAMPA, FL 33601

Title: MGR () Delete
Name: BUCHANAN, JUSTIN T
Address: PO BOX 3286
City-St-Zip: TAMPA, FL 33601

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:

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: KIM P. BUCHANAN

MR.

01/05/2007

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