2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# L06000003321

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 (X)**

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 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 BUCHANAN MGMM 01/06/2008

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