

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000048508

1. Entity Name
B.B.P., LLC



**FILED
Mar 16, 2007 8:00 am
Secretary of State**

03-16-2007 90151 025 ****50.00

Principal Place of Business
1843 PICCADILLY CIRCLE
CAPE CORAL, FL 33991

Mailing Address

1843 PICCADILLY CIRCLE
CAPE CORAL, FL 33991



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

02282007 Chg-LLC CR2E083 (12/06)

20-4857990 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POLLINS, BECKY K
1843 PICCADILLY CIRCLE
CAPE CORAL, FL 33991

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: POLLINS, BECKY K
STREET ADDRESS: 1843 PICCADILLY CIRCLE
CITY-ST-ZIP: CAPE CORAL, FL 33991

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: MGRM
NAME: POLLINS, BRADLEY F
STREET ADDRESS: 1843 PICCADILLY CIRCLE
CITY-ST-ZIP: CAPE CORAL, FL 33991

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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Change Addition

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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: Becky & Pollins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/16/07

Date

Daytime Phone #