


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90237 027 \*\*\*138.75

<b>DOCUMENT # L06000048508</b> 1. Entity Name B.B.P., LLC					
Principal Place of Business 1843 PICCADILLY CIRCLE CAPE CORAL, FL 33991		Mailing Address 1843 PICCADILLY CIRCLE CAPE CORAL, FL 33991			
<b>DO NOT WRITE IN THIS SPACE</b>					
				02132008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 20-4857990		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  POLLINS, BECKY K 1843 PICCADILLY CIRCLE CAPE CORAL, FL 33991				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM POLLINS, BECKY K 1843 PICCADILLY CIRCLE CAPE CORAL, FL 33991			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM POLLINS, BRADLEY F 1843 PICCADILLY CIRCLE CAPE CORAL, FL 33991			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <u>Becky K Pollins</u> <u>2/05/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #					