

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90032 050 \*\*\*\*50.00

**DOCUMENT # L06000048593**

1. Entity Name  
**BBC INVESTMENT ENTERPRISES, LLC**



**20008651**



Principal Place of Business  
**5271 WEST LEITNER DR.  
CORAL SPRINGS, FL 33067**

Mailing Address  
**5271 WEST LEITNER DR.  
CORAL SPRINGS, FL 33067**

2. Principal Place of Business - No P.O. Box #  
**11760 W. Sample Rd.  
Suite, Apt. #, etc.  
#103**

3. Mailing Address  
**11760 W. Sample Rd.  
Suite, Apt. #, etc.  
#103**

04132007 Chg-LLC CR2E083 (12/06)

City & State  
**Coral Springs, FL**  
Zip  
**33065**

City & State  
**Coral Springs, FL**  
Zip  
**33065**

4. FEI Number  
**20-4873971**

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

6. Name and Address of Current Registered Agent

**GOODIS, MARK A  
9600 WEST SAMPLE RD., SUITE 502  
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name **Sherrie Bourg Carter**

Street Address (P.O. Box Number is Not Acceptable)

**11760 W. Sample Rd. Suite 103**

City **Coral Springs** FL Zip Code **33065**

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 **Sherrie Bourg Carter**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**4/12/07**  
DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME **MGRM BRANNON, MICHAEL** ☐ Delete  
STREET ADDRESS **200 S.E. 6TH ST.**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE  
NAME **MGRM CARTER, SHERRIE BOURG** ☐ Delete  
STREET ADDRESS **5271 WEST LEITNER DR**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS **11760 W. Sample Rd., Suite 103**  
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 **Sherrie Bourg Carter**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/12/07**  
Date

**954-766-8826**  
Daytime Phone #