


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90066 013 \*\*\*138.75

<b>DOCUMENT # L06000048593</b> 1. Entity Name <b>BBC INVESTMENT ENTERPRISES, LLC</b>			
Principal Place of Business <b>11760 W SAMPLE RD #103 CORAL SPRINGS, FL 33065</b>		Mailing Address <b>11760 W SAMPLE RD #103 CORAL SPRINGS, FL 33065</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>750 SE 3 Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>204</b>	
City & State		City & State <b>Fort Lauderdale Fl</b>	
Zip	Country	Zip <b>33316</b>	Country <b>US</b>
4. FEI Number <b>20-4873971</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOURGCARTER, SHERRIE 11760 W SAMPLE RD STE 103 CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Sherrie Bourgcarter</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRANNON, MICHAEL 200 S.E. 6TH ST. FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>750 SE 3 Ave Suite 204 Fort Lauderdale, FL 33316</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CARTER, SHERRIE BOURG 11760 W SAMPLE RD STE 103 CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>750 SE 3rd Ave, Suite 204 Fort Lauderdale, FL 33316</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <u><i>Sherrie Bourgcarter</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>1/14/08 954 766 8826</b> <small>Date Daytime Phone #</small>	