


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90036 010 \*\*\*\*55.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # L06000065429</b>  |   |   |  |    |  |
| <b>1. Entity Name</b><br>BBW PARTNERS, LLC  |   |   |  |   |  |
| <b>Principal Place of Business</b><br>7575 PELICAN BAY BLVD<br>1108<br>NAPLES FL 34108  |   |   | <b>Mailing Address</b><br>7575 PELICAN BAY BLVD<br>1108<br>NAPLES FL 34108 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>Suite, Apt. #, etc.  |   |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                           |   |  |
| <b>City &amp; State</b>   |   |   | <b>City &amp; State</b>  |   |  |
| <b>Zip</b>  |   | <b>Country</b>  |  | <b>Zip</b>  |  |
| <b>Country</b>  |   | <b>Country</b>  |  | <b>4. FEI Number</b><br>20-5140010  |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |   |   |  | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>SHANAHAN, KEVIN C<br>7575 PELICAN BAY BLVD<br>1108<br>NAPLES FL FL  |   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| <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.</b>  |   |   |  |   |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>  |   |   |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGRM<br>SHANAHAN, KEVIN C<br>7575 PELICAN BAY BLVD<br>NAPLES FL 34108 | <input type="checkbox"/> Delete                                   |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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> |   |   |  |   |  |
| <b>SIGNATURE:</b> <u>KEVIN C. SHANAHAN, managing member</u> <u>4/17/07</u> <u>2395911051</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |   |   |  |   |  |