

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90210 001 \*\*\*100.00

**DOCUMENT # L06000080352**

1. Entity Name  
**BBZ THINGZ LLC**



**Principal Place of Business**

**C/O STEVEN A. SCJARRETTA, ESQ.  
2799 NW BOCA RATON BLVD, SUITE 203  
BOCA RATON, FL 33431**

**Mailing Address**

**C/O STEVEN A. SCJARRETTA, ESQ.  
2799 NW BOCA RATON BLVD, SUITE 203  
BOCA RATON, FL 33431**

**30000204**



01182007 Chg-LLC CR2E083 (12/06)

**2. Principal Place of Business - No P.O. Box #**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

**20-5393307**

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCJARRETTA, STEVEN A  
C/O STEVEN A. SCJARRETTA, ESQ.  
2799 NW BOCA RATON BLVD, SUITE 203  
BOCA RATON, FL 33431**

**7. Name and Address of New Registered Agent**

**Name**

**BARBARA MCDONALD**

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

**1180 GULF BLVD. # 705**

**City**

**CLEARWATER**

**FL**

**Zip Code  
33767**

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**

*Barbara McDonald*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*January 20, 2007*

DATE

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

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR**  
**NAME SCJARRETTA, STEVEN A ESQ**  
**STREET ADDRESS 2799 NW BOCA RATON BLVD, SUITE 203**  
**CITY-ST-ZIP BOCA RATON, FL 33431** ☒ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**10. ADDITIONS/CHANGES**

**TITLE MGR**  
**NAME BARBARA MCDONALD**  
**STREET ADDRESS 1180 GULF BLVD. # 705**  
**CITY-ST-ZIP CLEARWATER, FL 33767** ☐ Change ☒ Addition

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

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

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

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

**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:**

*Barbara McDonald*

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

Date

*January 20, 2007*

Daytime Phone #

727-

424-6030