


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-05-2007 90210 001 ***100.00

DOCUMENT # L06000111054 1. Entity Name BBZ LIMOUSINES LLC					
Principal Place of Business C/O STEVEN A. SCIARETTA, ESQ. 2799 NW BOCA RATON BLVD., SUITE 203 BOCA RATON, FL 33431			Mailing Address C/O STEVEN A. SCIARETTA, ESQ. 2799 NW BOCA RATON BLVD., SUITE 203 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SCIARETTA, STEVEN A P.A. 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 the registered agent. SIGNATURE <u><i>Barbara J McDonald</i></u> (NOTE: Registered Agent signature required when renewing) DATE <u>January 20, 2007</u>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCIARETTA, STEVEN A ESQ. 2799 NW BOCA RATON BLVD., SUITE 203 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. BARBARA MCDONALD 1180 GULF BLVD. # 705 CLEARWATER, FL 33767
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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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><i>Barbara J McDonald</i></u> <u>January 20, 2007</u> <u>727-424-6030</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>					