2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053925

Entity Name: BSBP, LLC

Address:

City-St-Zip:

6659 W ROBIN LANE

HOMOSASSA, FL 34448 US

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 433 NE 1ST TERR CRYSTAL RIVER, FL 34429 US **Current Mailing Address: New Mailing Address:** 6346 W FAIRLEE CT CRYSTAL RIVER, FL 34428 US FEI Number: 26-0215269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEBUSK, SHARON 6346 W FAIRLEE CT CRYSTAL RIVER, FL 34428 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DEBUSK, WILLIAM Name: Name: 6346 W FAIRLEE CT Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34428 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DEBUSK, SHARON Name: Address: 6346 W FAIRLEE CT Address: City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DEBUSK, BRIAN Name: Name: 6659 W ROBIN LANE Address: Address: City-St-Zip: HOMOSASSA, FL 34448 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DEBUSK, PENNY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: SHARON DEBUSK MGRM 04/30/2008