

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068336

Entity Name: BBK ASSOCIATES LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

9428 BAYMEADOWS ROAD
SUITE 112
JACKSONVILLE, FL 33256 US

New Principal Place of Business:

Current Mailing Address:

9428 BAYMEADOWS ROAD
SUITE 112
JACKSONVILLE, FL 33256 US

New Mailing Address:

FEI Number: 42-1732457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEECKLER, THOMAS F
9428 BAYMEADOWS ROAD
SUITE 112
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: BEECKLER, THOMAS F
Address: 9428 BAYMEADOWS ROAD, SUITE 112
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM () Delete
Name: BOULOS, EDWARD Z
Address: 1524 SAN MARCO BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGMR () Delete
Name: KIMBALL, KEITH B
Address: 1702 RIVER ROAD #2
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KEITH B. KIMBALL

MGMR

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date