

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093711

Entity Name: BBRT ASSOCIATES LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

2916 WEST ROGERS AVE.
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

2916 WEST ROGERS AVE.
TAMPA, FL 33611 US

New Mailing Address:

3225 S. MACDILL AVE.
129-112
TAMPA, FL 33629

FEI Number: 26-3020293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEST-RICHARDSON, G. JEAN
2916 WEST ROGERS AVE.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

BEST-RICHARDSON, G. JEAN
3225 S. MACDILL AVE
129-112
TAMPA, FL 33629 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:

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BEST-RICHARDSON, G. JEAN
Address: 2916 WEST ROGERS AVE.
City-St-Zip: TAMPA, FL 33611 US

Title: MGR () Delete
Name: RICHARDSON, HARRY J
Address: 2916 WEST ROGERS AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BEST-RICHARDSON, G. JEAN
Address: 3225 S. MACDILL AVE
City-St-Zip: TAMPA, FL 33629 US

Title: MGR (X) Change () Addition
Name: RICHARDSON, HARRY J
Address: 3225 S. MACDILL AVE, # 129-112
City-St-Zip: TAMPA, FL 33629

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: G. JEAN BEST-RICHARDSON

MS.

01/08/2009

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