


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90030 007 ***138.75

DOCUMENT # L07000098598	
1. Entity Name BBBS MANAGEMENT, LLC	

Principal Place of Business 611 S. FORT HARRISON AVENUE CLEARWATER, FL 33756 US	Mailing Address 611 S. FORT HARRISON AVENUE CLEARWATER, FL 33756 US
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50009075



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. <i>Suite 146</i>	Suite, Apt. #, etc. <i>Suite 146</i>
City & State	City & State
Zip	Country

07242008 Chg-LLC CR2E083 (12/06)

4. FEI Number <i>41-2271884</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAWN M. YESNER, P.L.
 1902 W. MAIN STREET
 TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

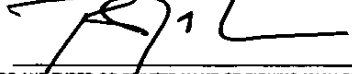
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNAMARA, ROBERT J 611 S. FORT HARRISON AVENUE CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  *Mya.* **7/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #