

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013021

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: BBSAP, LLC

**Current Principal Place of Business:**

2316 PINE RIDGE RD  
#326  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

2316 PINE RIDGE RD  
#326  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 26-1899737      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HILL, BILLY G JR.  
2316 PINE RIDGE RD  
#326  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

FUENTES, SHAWN  
2316 PINE RIDGE RD  
#326  
NAPLES, FL 34109 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: SHAWN FUENTES

03/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HILL, BILLY G JR  
Address: 2316 PINE RIGDE ROAD, #326  
City-St-Zip: NAPLES, FL 34109 US

Title: MGR (X) Delete  
Name: FUENTES, SHAWN  
Address: 2316 PINE RIDGE ROAD, #326  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FUENTES, SHAWN  
Address: 2316 PINE RIGDE ROAD, #326  
City-St-Zip: NAPLES, FL 34109 US

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: SHAWN FUENTES

MNGR

03/03/2009

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