MAY. 5.1999 11:32AM

File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

FILED
May 21 1999 8:00 am
Secretary of State

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000003002

B.B.I.M.D. L.C.
400 Trailridge Dr.
Richardson Tx. 75081

1a. Principal Place of Business Address
451 Altamonte Ave.
Altamonte Springs Fl.
32701

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified: 12/98

3a. State of Formation: Florida

4. FEI Number: ~~59~~ 59-3547154 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: This is first report

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

Brian Gauthier c/o Metabolife
451 Altamonte Ave
Altamonte Springs ~~FL~~ Fl
32701

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 5/5/99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
Man. ~~Pres.~~	Brian Gauthier	400 Trailridge Dr. Richardson TX. 75081	Richardson TX. 75081
Bookkeeper ~~Sec.~~	Catherine Gauthier	400 Trailridge Dr. Richardson TX. 75081	Richardson TX. 75081

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 5/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)