


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90217 009 \*\*\*\*50.00

<b>DOCUMENT # M01000000465</b>						
<b>1. Entity Name</b> BBC DISTRIBUTION, LLC						
<b>Principal Place of Business</b> 501 AVENUE R SOUTHWEST WINTER HAVEN, FL 33880			<b>Mailing Address</b> PO BOX 1056 426 NORTH MAIN ELKHART, IN 46516			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	03152006    Chg-LLC    CR2E083 (11/05)		
<b>4. FEI Number</b> 35-2131007				Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b>			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			FL    Zip Code			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____						
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>				
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NGC INVESTMENTS, LLC 2001 REXFORD ROAD CHARLOTTE, NC 28211		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANKS CORPORATION 426 NORTH MAIN ELKHART, IN 46516		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BBC INVESTMENTS LLC 426 NORTH MAIN STREET ELKHART, IN 46516		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARDIN, DAN R 1845 PRECINCT LINE RD STE 217 HURST, TX 76054		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7520 Jack Newell Blvd So. Fort Worth, TX 76118-7117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEDBETTER, DALE 1845 PRECINCT LINE RD STE 217 HURST, TX 76054		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7520 Jack Newell Blvd So. Fort Worth, TX 76118-7117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, STEPHEN 426 NORTH MIAN STREET ELKHART, IN 46516		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE</b> <i>Stephen C Brown</i>			Stephen Brown member/Manager 3-20-06    574 384-5465			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #						