

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90142 039 \*\*\*\*50.00

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01202007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M99000001843			
1. Entity Name BBL - FLORIDA, LLC			
Principal Place of Business 302 WASHINGTON AVENUE EXT ALBANY, NY 12203		Mailing Address PO BOX 12789 ALBANY, NY 12212-2789	
2. Principal Place of Business - No P.O. Box # 22 Century Hill Drive Suite, Apt. #, etc. Suite 201B		3. Mailing Address 22 Century Hill Drive Suite, Apt. #, etc. Suite 201B	
City & State Latham New York		City & State Latham New York	
Zip 12110	Country USA	Zip 12110	Country USA
4. FEI Number 14-1815984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RICE, J. JEFFREY 1515 BROADWAY FT. MYERS, FL 33901		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BETTE, MICHAEL F 302 WASHINGTON AVENUE EXT ALBANY, NY 12203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Bette, Michael F 22 Century Hill Drive Suite 201B Latham, New York 12110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BETTE, MARY ANN 26 EAST RIDGE LOUDONVILLE, NY 12211 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Michael F. Bette</u>		Date: <u>1/23/07</u> Daytime Phone #: <u>518 213-1060</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Michael F. Bette Managing Member			