


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:04

DOCUMENT # L04000009009 1. Entity Name LDB 69TH, L.L.C.			
Principal Place of Business 2404 HAMPTON LANE WEST SAFETY HARBOR, FL 34695		Mailing Address 2404 HAMPTON LANE WEST SAFETY HARBOR, FL 34695	
2. Principal Place of Business 4400-118th AVE, N Suite, Apt. #, etc. Suite 307		3. Mailing Address Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State	
Zip 33762		Country USA	
4. FEI Number 01062005		Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT ST, STE 102 CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name: L. DOUGLAS BAILEY Street Address (P.O. Box Number is Not Acceptable): 2404 HAMPTON LN W. City: SAFETY HARBOR FL Zip Code: 34695	
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: <i>L. Douglas Bailey</i> DATE: 1/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: PRESIDENT NAME: L. DOUGLAS BAILEY STREET ADDRESS: 2404 HAMPTON LN. W. CITY-ST-ZIP: SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V.P. OPERATIONS NAME: RAN TERENZI STREET ADDRESS: 4400 118th AVEN., STE 302 CITY-ST-ZIP: CLEARWATER, FL 33762	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SEC/TREAS NAME: JENNIFER N. WILEY STREET ADDRESS: 15371 ROOSEVELT BLVD, STE 107 CITY-ST-ZIP: CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I 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 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: <i>L. Douglas Bailey</i>		DATE: 1/31/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	