



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 8:58

DOCUMENT # L04000021898 1. Entity Name LDB 73RD, L.L.C.			
Principal Place of Business 2404 HAMPTON LANE WEST SAFTETY HARBOR, FL 34695		Mailing Address 2404 HAMPTON LANE WEST SAFTETY HARBOR, FL 34695	
2. Principal Place of Business 4400-118 th Ave. N Suite, Apt. #, etc. Suite 302 City & State Clearwater, FL Zip 33762 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		03022005 Chg-LLC CR2E083 (10/03)	
		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET, SUITE 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 <u>L. Douglas Bailey</u> DATE <u>3/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restateing)</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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. Douglas Bailey	NAME	
STREET ADDRESS	2404 Hampton Ln W	STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, FL 34695	CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sally Bailey	NAME	
STREET ADDRESS	15371 Roosevelt St 107	STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33760	CITY-ST-ZIP	
TITLE	Sec/Treas <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer N. Miley	NAME	
STREET ADDRESS	15371 Roosevelt St 107	STREET ADDRESS	600048784056
CITY-ST-ZIP	Clearwater, FL 33760	CITY-ST-ZIP	03/21/05--01032--002 **325.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>L. Douglas Bailey</u>		DATE: <u>3/4/05</u> 227-726-4577	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	