

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90026 013 ****50.00

DOCUMENT # L05000007019
 1. Entity Name
 BULLDOG DEVELOPMENT COMPANY, LLC



Principal Place of Business
 305 NORTH FT. HARRISON
 CLEARWATER, FL 33755

Mailing Address
 305 NORTH FT. HARRISON
 CLEARWATER, FL 33755

20000000

DO NOT WRITE IN THIS SPACE



03302007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2236054	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
 KUGLER, BENJAMIN
 305 NORTH FT. HARRISON
 CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUGLER, BENJAMIN 305 NORTH FT. HARRISON CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLLACK, RON 305 NORTH FT. HARRISON CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Benjamin Kugler* 4/19/07 727 446-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #