2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113542

Entity Name: BDG CHARLOTTE CITRUS CREEK, LLC

CORAL GABLES, FL 33146 US

() Delete

500 S DIXIE HIGHWAY, SUITE 220

CORAL GABLES, FL 33146 US

MGRM

HART, PETER

Title:

Name:

Address:

City-St-Zip:

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 500 SOUTH DIXIE HIGHWAY SUITE 220 CORAL GABLES, FL 33146 US **Current Mailing Address: New Mailing Address:** 500 SOUTH DIXIE HIGHWAY SUITE 220 CORAL GABLES, FL 33146 US FEI Number: 20-5957607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, VICTOR 500 SOUTH DIXIE HIGHWAY SUITE 220 CORAL GABLES, FL 33146 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BROWN, VICTOR Name: Name: 500 SOUTH DIXIE HIGHWAY, SUITE 220 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BROWN, DAVID Name: Address: 500 S DIXIE HIGHWAY, SUITE 220 Address: City-St-Zip: CORAL GABLES, FL 33146 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BROWN, STEVEN Name: Name: 500 S DIXIE HIGHWAY, SUITE 220 Address: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VICTOR BROWN **MGRM** 03/05/2009