



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # L00000001569</b>   |  |              |  |
| 1. Entity Name<br>BDPB CLEARWATER, L.L.C.  |  |   |  |
| Principal Place of Business<br>200 SOUTH BISCAYNE BLVD., SIXTH FLOOR<br>MIAMI, FL 33131  | Mailing Address<br>200 SOUTH BISCAYNE BLVD., SIXTH FLOOR<br>MIAMI, FL 33131        |   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |            |  |
|  |  | 03232006 No Chg-LLC CR2E083 (11/05)   |  |
|  |  | 4. FEI Number<br>65-0981952   | Applied For<br><input type="checkbox"/> Not Applicable |
|  |  | 5. Certificate of Status Desired <input type="checkbox"/>                                     | \$5.00 Additional<br>Fee Required                      |
| 6. Name and Address of Current Registered Agent<br><br>WEIDER, NORMAN S<br>100 S.E. 2ND STREET<br>STE 3950<br>MIAMI, FL 33131  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |  |
|  |  |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when relating)</small> DATE _____  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  | <div>U00000489998<br/>04/18/06-80038-004 50.00</div><br><b>DO NOT WRITE<br/>IN THIS SPACE</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>BRANT, BARRY M<br>200 SOUTH BISCAYNE BLVD., SIXTH FLOOR<br>MIAMI, FL 33131 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |
| 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:    |  | 3/24/06   | (305) 379-7880   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  |  | <small>Date</small>   | <small>Daytime Phone #</small>                         |