

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005133 AF

**DOCUMENT #** L00000004674  
**1. Entity Name**  
 BDK, LLC

FILED  
 01 APR 25 PM 5:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 284 PARK AVENUE NORTH      284 PARK AVENUE NORTH  
 WINTER PARK FL 32789      WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 284 Park Avenue North      284 Park Ave North  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite A      Suite A  
 City & State      City & State  
 Winter Park, FL      Winter Park, FL  
 Zip      Country      Zip      Country  
 32789           32789          

**4. FEI Number**       Applied For  
                                           Not Applicable

**5. Certificate of Status Desired**       \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 HADLEY III, RALPH V  
 1031 WEST MORSE BLVD., STE 160  
 WINTER PARK FL 32789

**7. Name and Address of New Registered Agent**  
 Name: Robert L. Underwood  
 Street Address (P.O. Box Number is Not Acceptable): 537 East Park Avenue  
 City: Tallahassee      FL      Zip Code: 32301

**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.**  
 SIGNATURE: *[Signature]*      Signature, typed or printed name of registered agent and title if applicable.  
                                          *Benchwarmers GP, Inc., manager*  
                                          *Robert L. Underwood, President*      DATE: 4/20/01  
 (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

0000004164320--6  
 015/09/01--01022--010  
 \*\*\*\*\*50.00      \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *[Signature]*      *BENCHWARMERS GP, INC., manager*  
 by *Robert L. Underwood, President*      DATE: 4/20/01      Daytime Phone #: 800-686-1615

CR2E083 (11/00)