

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000004768**

1. Entity Name  
**BDR INVESTMENTS, L.L.C.**



Principal Place of Business  
**5111 OCEAN BLVD., SUITE C  
SARASOTA, FL 34242**

Mailing Address  
**5111 OCEAN BLVD., SUITE C  
SARASOTA, FL 34242**



02142006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1002719**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CHAPNICK, BRUCE P  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237**

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000473340  
04/08/06-80045-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MCCURDY, JEFF  
5111 OCEAN BLVD., SUITE C  
SARASOTA, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
HYMAN, ROSALIND  
5111 OCEAN BLVD., SUITE C  
SARASOTA, FL 34242**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**ROSALIND SHYMAN**

3/2/06 941-345-2208 x222

Date

Daytime Phone #