

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000007132

1. Entity Name
B.D.G. LIMITED LIABILITY COMPANY



Principal Place of Business
**309 DOGWOOD DRIVE
SANFORD, FL 32771**

Mailing Address
**309 DOGWOOD DRIVE
SANFORD, FL 32771**



04192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3654341

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 NORTHWEST 16TH STREET
FORT LAUDERDALE, FL 33311**

**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 renewing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BECK, CHARLES W JR
32706 OAK VALLEY LANE
SORRENTO, FL 32776**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DENNARD, ROBERT W
2321 ROANOKE COURT
LAKE MARY, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GREENE, ALFRED F JR.
309 DOGWOOD DRIVE
SANFORD, FL 32771**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

05/05/06-80108-005 50.00

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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: _____

ALFRED F. GREENE, JR. 4-19-06 407-474-0750

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

Date

Daytime Phone #