

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90028 014 ****50.00

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DOCUMENT # L01000021239 1. Entity Name GDB, LLC					
Principal Place of Business 3505 BERGER ROAD LUTZ, FL 33549			Mailing Address C/O KOEHLER & COMPANY 11611 W. PLATT ST TAMPA, FL 33606		
2. Principal Place of Business 13336 NORTH CENTRAL AVE Suite, Apt. #, etc.		3. Mailing Address 13336 NORTH CENTRAL AVE. Suite, Apt. #, etc.		04202005 Chg-LLC CR2E083 (10/03)	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-3760977	
Zip 33612		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KEITH, KOEHLER CPA KOEHLER & COMPANY 1611 W. PLATT ST TAMPA, FL 33606				7. Name and Address of New Registered Agent Name DAVID BEKHOR Street Address (P.O. Box Number is Not Acceptable) 13336 NORTH CENTRAL AVENUE City TAMPA FL Zip Code 33612	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 4/19/05					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEKHOR, DAVID 3505 BERGER RD LUTZ, FL 33549 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13336 NORTH CENTRAL AVE. TAMPA FL 33612	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: _____ DATE 4/19/05					