


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

|   |   |
|---|---|
| <b>DOCUMENT # L03000008173</b><br>1. Entity Name<br>BDFN DEVELOPMENT, LLC |  |
|---|---|

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| Principal Place of Business<br><b>2010 MOSS COURT<br/>DUNEDIN, FL 34698</b> | Mailing Address<br><b>2010 MOSS COURT<br/>DUNEDIN, FL 34698</b> |
|---|---|



07242008 No Chg-LLC

CR2E083 (12/07)

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|   |  |
|---|--|
| 4. FEI Number<br><b>13-4243434</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

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

|   |
|---|
| <b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SOUTHWEST 22 STREET, 4TH FLOOR<br/>MIAMI, FL 33145</b> |
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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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**


In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>BELFORT, DAVID E<br/>2010 MOSS COURT<br/>DUNEDIN, FL 34698</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>CORRIGAN, BRIAN T<br/>2010 MOSS COURT<br/>DUNEDIN, FL 34698</b> |
| 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 |  |

U000000956460  
07/28/08-80003-016 138.75

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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

**7-24-08 617-577-8800**  
Date Daytime Phone #