

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008727

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: B D W, L.L.C.

## Current Principal Place of Business:

12681 CHARTWELL DR.  
FT. MYERS, FL 33912

## New Principal Place of Business:

## Current Mailing Address:

12681 CHARTWELL DR.  
FT. MYERS, FL 33912

## New Mailing Address:

FEI Number: 43-2004675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAUL J. MURRAY CPA, P.A.  
215 CELEBRATION PLACE STE. 500  
CELEBRATION, FL 34747 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: WALLNER, ROBERT J  
Address: 12681 CHARTWELL DRIVE  
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete  
Name: WALLNER, DONNA  
Address: 408 CAMPUS STREET  
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM ( ) Delete  
Name: WALLNER, JOSEPH  
Address: 4361 BAY BEACH LANE  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: MGRM ( ) Delete  
Name: WALLNER, DOROTHY  
Address: 4361 BAY BEACH LANE  
City-St-Zip: FORT MYERS BEACH, FL 33931

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT WALLNER

MGR

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date