

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008727

FILED  
Mar 07, 2006  
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/MANAGERS:**

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 Chapter 119, 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: DONNA WALLNER

MGRM

03/07/2006

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