

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008727

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

FILED  
Apr 26, 2010  
Secretary of State

**Current Principal Place of Business:**

12681 CHARTWELL DR.  
FT. MYERS, FL 33912

**New Principal Place of Business:**

408 CAMPUS STREET  
KISSIMMEE, FL 34747

**Current Mailing Address:**

12681 CHARTWELL DR.  
FT. MYERS, FL 33912

**New Mailing Address:**

P O BOX 470239  
KISSIMMEE, FL 347470239

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:**

WALLNER, DONNA  
408 CAMPUS STREET  
CELEBRATION, FL 34747 US

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: DONNA WALLNER

04/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALLNER, ROBERT J  
Address: 12681 CHARTWELL DRIVE  
City-St-Zip: FORT MYERS, FL 33912

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

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

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

I hereby 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

04/26/2010

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