
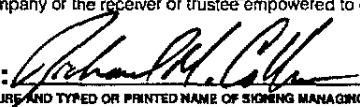


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000009322		
1. Entity Name BALD HEAD BROTHERS, LLC		
Principal Place of Business 540 SW 27TH AVENUE FORT LAUDERDALE, FL 33312		Mailing Address 540 SW 27TH AVENUE FORT LAUDERDALE, FL 33312
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COLLUM, RICHARD M 540 SW 27TH AVENUE FORT LAUDERDALE, FL 33312		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE	MGRM	
NAME	COLLUM, RICHARD M	
STREET ADDRESS	540 SW 27TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  RICHARD M. COLLUM		4/11/05 (954) 583-1045
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-1730297

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required