

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90168 014 ****50.00

DOCUMENT # L03000033618

1. Entity Name
LDB OLDSMAR ASSOCIATES, LLC



Principal Place of Business
**4400 118TH AVE. NORTH, STE. 302
CLEARWATER, FL 33762**

Mailing Address
**4400 118TH AVE. NORTH, STE. 302
CLEARWATER, FL 33762**

40003063



01242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 20-0321685 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

**BAILEY, L. DOUGLAS
4400 118TH AVE. NORTH, STE. 302
CLEARWATER, FL 33762**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BAILEY, L DOUGLAS 2404 HAMPTON LN W SAFETY HARBOR, FL 34695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MILEY, JENNIFER N 15371 ROOSEVELT BLVD UNIT 107 CLEARWATER, FL 33760 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TERENZI, RON 4400 118TH AVENUE N, UNIT 302 CLEARWATER, FL 33762 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

L. Douglas Bailey **L. DOUGLAS BAILEY** 2/24/06 727-592-9333