


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90002 046 \*\*\*158.75

<b>DOCUMENT # L03000033687</b> 1. Entity Name <b>B &amp; D ENTERPRISE, LLC</b>					
Principal Place of Business <b>2526 SW 35TH PLACE CAPE CORAL, FL 33914</b>			Mailing Address <b>2526 SW 35TH PLACE CAPE CORAL, FL 33914</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LARROW, PAUL L 3501 DEL PRADO BLVD., STE. 312 CAPE CORAL, FL 33904</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RUMMELL, WILLIAM JR 2526 SW 35TH PLACE CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HAMPTON, DAVID 2526 SW 35TH PLACE CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <i>Will Rummell</i>			Date: <b>4/30/04</b>		Daytime Phone #: <b>239-541-2461</b>

24065355



01162004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0208056** Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required