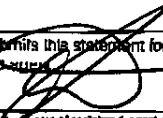
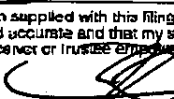


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90059 048 ***50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000039472			
1. Entity Name BDG IRR, LLC			
Principal Place of Business 6654 - 78TH AVE. NORTH PINELLAS PARK, FL 33781		Mailing Address 6654 - 78TH AVE. NORTH PINELLAS PARK, FL 33781	
2. Principal Place of Business 455 N. Indian Rocks Rd Suite, Apt. #, etc. Suite B City & State Belleair Bluffs FL Zip 33770 Country USA		3. Mailing Address 455 N. Indian Rocks Rd Suite, Apt. #, etc. Suite B City & State Belleair Bluffs FL Zip 33770 Country USA	
01232004 Chg-11 C CR2E083 (10/03)		4. Fed Number 20-0716400	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent COCKEY, PRESTON O JR. 201 N. FRANKLIN ST., STE. 2200 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Gregory D. Veltman Street Address (P.O. Box Number is Not Applicable) 455 N. Indian Rocks Rd City Suite B FL Zip Code 33770	
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 not used) DATE			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Gregory D. Veltman 455 N. Indian Rocks Rd Belleair Bluffs FL 33770 ☐ Delete Managing Member		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), 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 600, Florida Statutes.			
SIGNATURE:  DATE DAYTIME PHONE #			