To-SOUTHERN MANAGEMENT Page 004 ... 17275364356 (printed upside down)

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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	Mailing Address
6654 - 78TH AVE. NORTH PINELLAS PARK, FL 33781	6654 - 78TH AVE. NORTH PINELLAS PARK, FL 33781

01232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
455 N. Indian Rocks Rd	455 N. Indian Rocks Rd
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Belleair Bluffs FL	City & State: Belleair Bluffs FL
Zip: 33770 Country: USA	Zip: 33770 Country: USA

4. FEI Number: 20-0716400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 Acceptable): 455 N Indian Rocks Rd
Suite B
City: Belleair Bluffs 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: [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, 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 Managing Member ☐ 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
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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(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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #