

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039472

Entity Name: BDG IRR, LLC

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

6721 THOMASVILLE ROAD  
SUITE 104-B  
TALLAHASSEE, FL 32312

## Current Mailing Address:

6721 THOMASVILLE ROAD  
SUITE 104-B  
TALLAHASSEE, FL 32312

## New Principal Place of Business:

1180 PONCE DE LEON BLVD  
SUITE 201  
CLEARWATER, FL 33756

## New Mailing Address:

1180 PONCE DE LEON BLVD  
SUITE 201  
CLEARWATER, FL 33756

FEI Number: 20-0716400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VELTMAN, GREGORY D  
6721 THOMASVILLE ROAD  
SUITE 104-B  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

VELTMAN, GREGORY D  
1180 PONCE DE LEON BLVD  
SUITE 201  
CLEARWATER, FL 33756 US

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.

SIGNATURE: GREGORY VELTMAN

04/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: VELTMAN, GREGORY D  
Address: 6721 THOMASVILLE ROAD, SUITE 104-B  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VELTMAN, GREGORY D  
Address: 1180 PONCE DE LEON BLVD  
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY VELTMAN

MGRM

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date