

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000052519 1. Entity Name BMD, L.L.C.	
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Principal Place of Business 2012 LAKE BENTLEY COURT LAKELAND, FL 33803	Mailing Address 2012 LAKE BENTLEY COURT LAKELAND, FL 33803
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DO NOT WRITE IN THIS SPACE



02032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 74-2930253	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRITTON, CHARLES P
C/O WENDEL & CHRITTON, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813

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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 _____

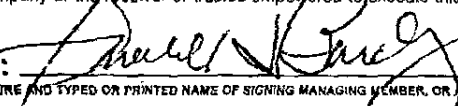
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARCLAY, DONALD H 2012 LAKE BENTLEY COURT LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARD, MARK J 3730 NEW TAMPA HIGHWAY LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/06-80039-015 50.00

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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 603, Florida Statutes.

SIGNATURE:  **3/1/06 863-709-9090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #