


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90181 024 \*\*\*\*55.00

**DOCUMENT # L04000006823**

1. Entity Name  
**GREENVIEW BBD, LLC**



Principal Place of Business  
**7657 CARMEL DRIVE  
 ORLANDO, FL 32835**

Mailing Address  
**7657 CARMEL DRIVE  
 ORLANDO, FL 32835**

**20010640**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip



02022005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  
**SILZER, SCOT A  
 1155 S. SEMORAN BLVD STE. 3-1142  
 WINTER PARK, FL 32792**

7. Name and Address of New Registered Agent  
 Name **Brigitte DAGOT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7657 Mount Carmel ch**  
**Orlando**  
 City  
 FL Zip Code **32835**

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 *Brigitte Dagot* DATE Feb 9 05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAGOT, BRIGITTE BROWN 7657 CARMEL DRIVE ORLANDO, FL 32835 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Brigitte Dagot* DATE Feb 9 2005 DAYTIME PHONE # 407 292 1142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE