

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State


03-09-2006 90005 038 ****50.00

20014462



DOCUMENT # L04000006823

1. Entity Name
GREENVIEW BBD, LLC



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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
7657 Mount Carmel dr **7657 Mount Carmel dr**

City/State City/State
Orlando FL **Orlando FL**

Zip Country Zip Country
32835 **USA** **32835** **USA**

02282006 Chg-LLC CR2E083 (11/05)

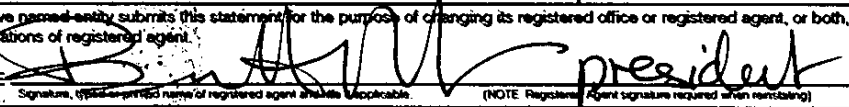
4. FEI Number Applied For
32-0116968 Not Applicable

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

6. Name and Address of Current Registered Agent
DAGOT, BRIGETTE
1657 MOUNT CARMEL DR
ORLANDO, FL 32835

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

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  **president Feb 28 2006**
Signature, typed or printed name of registered agent shall be acceptable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	DAGOT, BRIGETTE BROWN	7657 CARMEL DRIVE	ORLANDO, FL 32835	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 608, Florida Statutes.

SIGNATURE  **president Feb 28 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #