

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000006926</b>                |  |
| <b>1. Entity Name</b><br>STONEBRIDGE BBD, LLC |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>7657 MOUNT CARMEL DRIVE<br>ORLANDO, FL 32835 | <b>Mailing Address</b><br>7657 MOUNT CARMEL DRIVE<br>ORLANDO, FL 32835 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|



02262006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |                                                               |
|------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>32-0116970 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---------------------------------------------------------------|

|                                                                             |                                       |
|-----------------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
|-----------------------------------------------------------------------------|---------------------------------------|

|                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>DAGOT, BRIGITTE<br>7657 MOUNT CARMEL COURT<br>ORLANDO, FL 32835 |
|-------------------------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE  
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 state if applicable (NOTE: Registered Agent signature required when transferring) **DATE** \_\_\_\_\_

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

| <b>9. MANAGING MEMBERS/MANAGERS</b>                                        |                                                                               |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | MGRM<br>DAGOT, BRIGITTE BROWN<br>7657 MOUNT CARMEL DRIVE<br>ORLANDO, FL 32835 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                               |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                               |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                               |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                               |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                               |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                               |

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11/08/06 00001-024 55.00

**DO NOT WRITE  
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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 the report as required by Chapter 608, Florida Statutes.**

**SIGNATURE**

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

Feb 28 2006 4072921142

Date

Daytime Phone #