


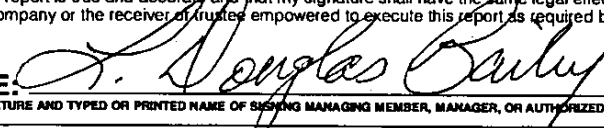


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 21 AM 9:08

DOCUMENT # L04000009011 1. Entity Name LDB 123RD, L.L.C.			
Principal Place of Business 2404 HAMPTON LANE WEST SAFETY HARBOR, FL 34695		Mailing Address 2404 HAMPTON LANE WEST SAFETY HARBOR, FL 34695	
2. Principal Place of Business 4400 118 TH AVE N. Suite, Apt. #, etc. SUITE 302 City & State CLEARWATER, FL Zip 33762 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		01062005 Chg-LLC CR2E083 (10/03)	
		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT ST, STE 102 CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name L. Douglas Bailey Street Address (P.O. Box Number is Not Acceptable) 2404 Hampton Ln, W City Safety Harbor, FL Zip Code 34695	
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.		DATE 2/17/05 (NOTE: Registered Agent signature required when re-registering)	
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	PRESIDENT	TITLE	
NAME	L. DOUGLAS BAILEY	NAME	
STREET ADDRESS	2404 HAMPTON LN W.	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V.P. Operations	TITLE	
NAME	Rooterenz	NAME	
STREET ADDRESS	4400-118 TH AVE N, STE 302	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33762	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Sec/Treas	TITLE	
NAME	Jennifer N. Miles	NAME	800048784118
STREET ADDRESS	15371 Roosevelt Blvd Ste 107	STREET ADDRESS	03/21/05--01032--002
CITY-ST-ZIP	Clearwater FL 33760	CITY-ST-ZIP	**325.00
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: 2/17/05 Daytime Phone #: 727-592-9333	