


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 8:58

DOCUMENT # L04000021898			
1. Entity Name LDB 73RD, L.L.C.			
Principal Place of Business 2404 HAMPTON LANE WEST SAFTETY HARBOR, FL 34695		Mailing Address 2404 HAMPTON LANE WEST SAFTETY HARBOR, FL 34695	
2. Principal Place of Business 4400-118th 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	
		03022005 Chg-LLC CR2E083 (10/03)	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 STREET, SUITE 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 L. Douglas Bailey Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE 3/4/05	
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	President L. Douglas Bailey 2404 Hampton Ln W Safety Harbor, FL 34695 <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	Vice President Sally Bailey 15371 Roosevelt St 107 Clearwater, FL 33760 <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	Sec/Treas Jennifer N. Miley 15371 Roosevelt St 107 Clearwater, FL 33760 <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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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
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: L. Douglas Bailey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/4/05 227-726-4577 Date Daytime Phone #	