

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90046 047 ****50.00

DOCUMENT # L04000031586	
1. Entity Name BSD REAL ESTATE PROPERTIES, L.L.C.	

Principal Place of Business 46 ROAST MEAT HILL RD. KILLINGWORTH, CT 06419	Mailing Address 46 ROAST MEAT HILL RD. KILLINGWORTH, CT 06419
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2723393		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERROCAL, CARLOS J 801 MAPLEWOOD DR, STE 22-A JUPITER, FL 33458		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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.

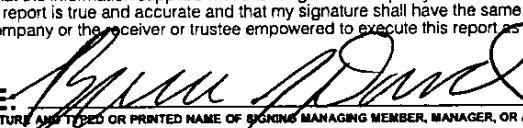
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOND, BRUCE J 46 ROAST MEAT HILL RD KILLINGWORTH, CT 06419 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOND BRUCE J 46 Roast Meat Hill Killingworth Ct 06419 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIDOU, SHERIDAN 46 ROAST MEAT HILL RD KILLINGWORTH, CT 06419 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dond Sheridan W. 46 Roast meat Hill Killingworth Ct 06419 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

860 883 5246 ce 11
4/4/06 860 663 2462
Date Daytime Phone #