

2006-LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90041 014 ****50.00

DOCUMENT # L04000055950 1. Entity Name BMD FLORIDA SERVICE, LLC					
Principal Place of Business BRENNAN, MANNA AND DIAMOND 76 SOUTH LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202			Mailing Address BRENNAN, MANNA AND DIAMOND 76 SOUTH LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202		
2. Principal Place of Business c/o Brennan, Manna & Diamond Suite, Apt. #, etc. 76 S. Laura Street, Suite 2110		3. Mailing Address c/o Brennan, Manna & Diamond Suite, Apt. #, etc. 76 S. Laura Street, Suite 2110			
City & State Jacksonville, FL 32202		City & State Jacksonville, FL 32202		4. FEI Number 20-1426030	
Zip 32202		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKO, LEE S 76 SOUTH LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Lee S. Walko Street Address (P.O. Box Number is Not Acceptable) 76 S. Laura Street, Suite 2110 City Jacksonville FL Zip Code 32202			
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 <u>Lee S. Walko</u> Lee S. Walko DATE 1/18/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR WALKO, LEE S 76 SOUTH LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202	<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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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 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: <u>Lee S. Walko, Manager</u> Lee S. Walko DATE 1/18/06 DAYTIME PHONE # 330-253-5060 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					