

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90182 019 ****50.00

DOCUMENT # L04000085370

1. Entity Name

B B & D CUSTOM HOMES, L.L.C.



Principal Place of Business

5967 HERMITAGE DRIVE
PENSACOLA, FL 32504

Mailing Address

5967 HERMITAGE DRIVE
PENSACOLA, FL 32504

20010682



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092005

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-1986126

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLUM, WILLIAM D
5967 HERMITAGE DRIVE
PENSACOLA, FL 32504

Name DEAN, Kevin C.

Street Address (P.O. Box Number is Not Acceptable)

5967 Hermitage Drive

City PENSACOLA

FL

Zip Code 32504

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.

(NOTE: Registered Agent signature required when reissuing)

2/11/05

DATE

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 MGR
NAME BLUM, WILLIAM D
STREET ADDRESS 5967 HERMITAGE DRIVE
CITY-ST-ZIP PENSACOLA, FL 32504 ☒ Delete

TITLE MGR
NAME DEAN, Kevin C.
STREET ADDRESS 5967 Hermitage Drive
CITY-ST-ZIP PENSACOLA, Florida 32504 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGR
NAME Biggs, Chad W
STREET ADDRESS 5967 Hermitage Drive
CITY-ST-ZIP PENSACOLA, Florida 32504 ☐ 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
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 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

2/11/05

Date

850-554-9174

Daytime Phone #