



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | | | | | | |
|--|---|---|---------------------------------|-------------------------------|---|--|
| DOCUMENT # L04000092180 | |  | | | | |
| 1. Entity Name BULOVA DRIVE DUPLEX LLC | | | | | | |
| Principal Place of Business 1782 MARKHAM GLEN CIRCLE LONGWOOD, FL 32779 | Mailing Address 1782 MARKHAM GLEN CIRCLE LONGWOOD, FL 32779 |  04202006 No Chg-LLC CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number NOT APPLICABLE</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table> | 4. FEI Number NOT APPLICABLE | Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 6. Name and Address of Current Registered Agent SCHOEFFEL, CHRISTOPHER 1782 MARKHAM GLEN CIRCLE LONGWOOD, FL 32779 | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | | |
| TITLE | MGRM | U000000530846 05/06/06-80014-019 50.00 DO NOT WRITE IN THIS SPACE | | | | |
| NAME | SCHOEFFEL, CHRISTOPHER | | | | | |
| STREET ADDRESS | 1782 MARKHAM GLEN CIRCLE | | | | | |
| CITY - ST - ZIP | LONGWOOD, FL 32779 | | | | | |
| TITLE | MGRM | | | | | |
| NAME | IM, ANGELA | | | | | |
| STREET ADDRESS | 1782 MARKHAM GLEN CIRCLE | | | | | |
| CITY - ST - ZIP | LONGWOOD, FL 32779 | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | | |
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| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | | |
| 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 606, Florida Statutes. | | | | | | |
| SIGNATURE: <u>Christopher Schoeffel</u> <u>Christopher Schoeffel</u> / 4/20/06 4076301520 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | | |