## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 16, 2006 8:00 am Secretary of State

DOCUMENT # L05000056352  1. Entity Name BDB OF CASSELBERRY, LLC						03-16-2006 9	00030 031 *	***5(	0.00
Principal Place of Business 240 SPRINGSIDE ROAD LONGWOOD, FL 32779 US		Maiting Address 240 SPRINGSIDE ROAD LONGWOOD, FL 32779 US			A (BRYAN EX)	lejej ennt gein eent eens	aeren erma annea kyt	- 11 <b>2</b> 111 <b>0</b> 11 <b>0</b>	NE M FE
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122006	Chg-LLC	CR2E083 (1	1/05)		
City & State		City & State		4. FEI Numbe 56-1	519509		-	plied For t Applicable	
Zip	Country	Zip	Country			of Status Desired	□ \$5.0 Fee F	00 Add Required	litional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered Agent	l	
				Name		-		_	·
MORSE, DAVID S 240 SPRINGSIDE ROAD LONGWOOD, FL 32779				Street Address	P.O. Box Number is Not Acceptable)				
LONGWO	OD, FL 32779								
				City			FL   z	ip Code	Ð
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 tifle if applicable (NOTE Registered Agent signature required when renstating)  DATE									
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State				
									•
		RS/MANAGERS	10.				Department o		•
D	ue by May 1, 2006	RS/MANAGERS	10.	<u> </u>		Florida	Department of		Addition
9.	ue by May 1, 2006  MANAGING MEMBE		_			Florida	Department of	of State	
9. TILE	ue by May 1, 2006  MANAGING MEMBE  MGRM		: TITLI NAM			Florida	Department of	of State	
9.  TILE  NAME	MANAGING MEMBE MGRM MORSE, DAVID S		TITLI NAM STRE	E		Florida	Department of	of State	
9. DILE NAME STREET ADDRESS	MANAGING MEMBE MGRM MORSE, DAVID S 240 SPRINGSIDE ROAD		TITLI NAM STRE	E TADDRESS -ST-ZIP		Florida	Department of CHANGES	of State	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a mai limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: