## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 02, 2006 8:00 am Secretary of State 01-12-2006 90039 049 \*\*\*\*50.00

1. Entity Name B & D GROUP HOLDINGS, LLC						1-12-2000	20032 042	_	0.00
Principal Place of Business 17760 NW 2ND AVENUE, SUITE 200		Mailing Address 17760 NW 2ND AVENUE, SUITE 200							
MIAMI, FL 3:	3169	MIAMI, FL 33169			 	7116 <b>2 671 6 6</b> 711 <b>6 7</b> 112 1	E DINS CHREE WIEL LOVE	1 MET LIEC	IL 112 1 <b>1 1</b> 7
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ng-LLC	CR2E083 (1			
City & State		City & State		4. FEI Number	cien POR	Tract Abuses			
Zip	Country	Zip	Cour	itry	5. Certificate of Sta	tus Desired		0 Addit lequired	ional
	6. Name and Address of Current	Registered Agent		Name	7. Name and Addr	ess of New Re	gistered Agent		
LIFTER, BENNETT M 17760 NW 2ND AVENUE, SUITE 200 MIAMI, FL 33169				Street Address (P.O. Box Number is Not Acceptable)					
MIMMI, FL									
				City FL Zip Code					
<ol> <li>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.</li> </ol>									
SIGNATURE Spristure, typed or printed name of registered agont and title 4 applicable. (NOTE: Registered Agent alignature required when remassing)  DATE									
· D						check payabl Department o			
9,	MANAGING MEMBE		10.			ADDITIONS/C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- I			□¢	hange	Addition
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NAME		Oelete	TITU NAM					hange	Addition
STREET ADORESS, CITY-ST-ZIP				ET ADORESS -ST-ZIP		<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						hange	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLI NAM STRE				_ C	nange	Addition
I. 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 508, Florida Statutes.									
SIGNATURE:									



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2006

B & D GROUP HOLDINGS, LLC 17760 NW 2ND AVENUE, SUITE 200 MIAMI, FL 33169

Subject: B & D GROUP HOLDINGS, LLC

Reference Number:

L05000063839

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD ANNUAL REPORTS SECTION