


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90064 044 ****50.00

DOCUMENT # L05000072822	
1. Entity Name Bullard 89, LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 119 Baird Rd		3. Mailing Address 755 Grand Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste B-105, #119	
City & State Santa Rosa Beach, FL		City & State Destin, FL	
Zip 32459	Country USA	Zip 32550	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 20-3230813		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Larry J Raad		
Street Address (P.O. Box Number is Not Acceptable)			
1300 E Lakewalk Cir, Panama City Beach			
City FL Zip Code 32413			

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 *Larry J Raad* DATE _____
Signature of the registered agent or printed name of registered agent and title if applicable

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member, Larry J Raad 1300 E Lakewalk Cir, Panama City 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Larry J Raad* 4/28/2006 850-249-1948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)