## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Jan 08, 2007 08:00 AM Secretary of State

| DOCUMENT # L05000087003 | DO | CU | IMFI | VΤ | # | L050 | 000 | 80 | 700 | )3 |
|-------------------------|----|----|------|----|---|------|-----|----|-----|----|
|-------------------------|----|----|------|----|---|------|-----|----|-----|----|

1. Entity Name BBD, LLC



Principal Place of Business

791 WETSTONE PLACE SANFORD, FL 32771

Mailing Address

791 WETSTONE PLACE SANFORD, FL 32771



## DO NOT WRITE IN THIS SPACE

01062007 No Chg-LLC CR2E083 (11/05)

| 4. FE! Number                    | Applied For                       |  |
|----------------------------------|-----------------------------------|--|
| <u>59-3819576</u>                | Not Applicable                    |  |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |  |

6. Name and Address of Current Registered Agent

GREGORY, MICHAEL E 791 WETSTONE PLACE SANFORD, FL 32771

## DO NOT WRITE IN THIS SPACE

|                                       | named entity submits this statement for the purpose of chaions of registered agent. | nging its registered | d office or registered agent, or bo        | th, in the State of Florida I am familiar with, and accept |  |
|---------------------------------------|---|----------------------|--|--|--|
| SIGNATURE_                            | Signature, typed or printed pame of registered agent and title if applicable        | (NOTE Registered     | Agent signature required when reinstating) | DATE   |  |
| Fi<br>D                               | ling Fee is \$50.00<br>ue by May 1, 2007  | ((3)2)               |  |  |  |
| 9,                                    | MANAGING MEMBERS/MANAGERS   |                      |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>GREGORY, MICHAEL E<br>791 WETSTONE PLACE<br>SANFORD, FL 32771                |                      |  | U00000578244<br>01/09/07-80022-011 50.00                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |                      |  | 01/09/07-80022-011 50.00                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |                      | DO   | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |                      | IN THIS SPACE                              |  |  |
| TITLE                                 |   |                      |  |  |  |

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 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

AUSTRACLES

SIUNDTUR

407 - 493 1863

Daytime Phone #