
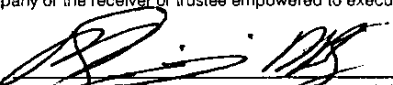


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90063 032 \*\*\*\*50.00

<b>DOCUMENT # L05000094561</b> 1. Entity Name <b>BARBUDA AMERICAN DEVELOPMENT, LLC</b>					
Principal Place of Business <b>411 VANDERKLOOT DRIVE OSPREY, FL 34229</b>			Mailing Address <b>411 VANDERKLOOT DRIVE OSPREY, FL 34229</b>		
2. Principal Place of Business - No P.O. Box # <b>8620 S. TAMiami Trail</b>		3. Mailing Address <b>8620 S. TAMiami Trail</b>			
Suite, Apt. #, etc. <b>Suite N-P</b>		Suite, Apt. #, etc. <b>Suite N-P</b>			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>			
Zip <b>34238</b>		Country <b>U.S.A.</b>		Zip <b>34238</b>	
Country <b>U.S.A.</b>		4. FEI Number <b>20-3530295</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>Alessandro A. Giannini, D.D.S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8620 S. TAMiami Trail</b> <b>Suite N-P</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34238</b>		
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 (use only if applicable). (NOTE: Registered Agent signature required when reinstating).</small>				DATE <b>1/10/07</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANNINI, ALESSANDRO A DDS 411 VANDERKLOOT DRIVE OSPREY, FL 34229	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alessandro A. Giannini, D.D.S. 8620 South Tamiami Trail, Suite N-P Sarasota, FL 34238
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAETA, JOSEPH A DDS 609 SOUTH TAMiami TRAIL VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <b>1/10/07</b>	
Daytime Phone #					