


**2007 LIMITED LIABILITY COMPANY .
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000095173 1. Entity Name B.D.S., LLC |  |
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|--|--|
| Principal Place of Business 1805 NW FORD ROAD STUART, FL 34994 | Mailing Address 1805 NW FORD ROAD STUART, FL 34994 |
|--|--|

DO NOT WRITE IN THIS SPACE



03292007 No Chg-LLC

CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-4162708 | Applied For Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SWEENEY, BERTRAN 3651 NW WILLOW CREEK DRIVE JENSEN BEACH, FL 34957 |
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IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LOGSDON, SCOTT W 1805 NW FORD ROAD STUART, FL 34994 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SWEENEY, BERTRAM 3651 NW WILLOW CREEK DRIVE JENSEN BEACH, FL 34957 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LOGSDON, DAVID 4076 BOTHWELL DRIVE TALLAHASSEE, FL 32317 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000634112
04/06/07-80019-022 50.00

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IN THIS SPACE**

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:  **3-29-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #