## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # L05000120139  1. Entity Name LBDW, L.L.C.						04-11-2006 9	90013 03	30 ****5(	0.00	
Principal Place of Business Mailing Address					•	1				
P.O. BOX 337 KATHLEEN, FL 33849			P.O. BOX 337 Kathleen, Fl 33849							
					 	OCEL CANO ACCA OCAN OCAN				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State		4. FEI Number	20-39	6685	S Ar	oplied For ot Applicable		
Zip	Zip Country		Zip	Country		5. Certificate o	f Status Desired	П	\$5.00 Add	
6. Name and Address of Current Re						7. Name and Address of New Registered Agent				
O'ROURKE, COLLEEN K			Name							
4805 W. LAUREL ST., SUITE 230					Street Address (	P.O. Box Number	is Not Acceptable	9) 		
TAMPA, FL 33607								<u> </u>	_	
The above named entity submits this statement for the purpose or					City			FL	Zip Cod	
8. The above the obligat	named entity submits lions of registered ager	this statement for it.	the purpose of changing its	register	ed office or register	ed agent, or both	, in the State of Flo	orida. 1 am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name	ne of registered agent an	od title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)		DATE		
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·	iling Fee is \$50.0	0	-				Mak	e check n	avable to	-
Fi	iling Fee is \$50.0 ue by May 1, 200	0 6			·s <sub>k</sub> ,			e check p i Deparim	ayable to ent of State	- e
Fi D	ue by May 1, 200	0 6 IAGING MEMBER	S/MANAGERS	10.	^s <sub>1</sub> ,			Departm	ent of State	e
Fi D	MAN MGRM	6 IAGING MEMBER	S/MANAGERS	TITL	E		Florida	Departm	ent of State	e Addition
9. TITLE NAME STREET ADDRESS	MAN MGRM WESTLAKE, BER' P.O. BOX 337	6 Jaging Member /L D	<del></del>	TITU Nam Stri	E IE EET ADORESS		Florida	Departm	ent of State	
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stee empowered to execute this report as required by Chapter 608, Florida Statutes.