

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120139

Entity Name: LBDW, L.L.C.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

936 EDITH AVE  
LAKELAND, FL 338151218 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 337  
KATHLEEN, FL 33849 US

**New Mailing Address:**

FEI Number: 20-3966855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'ROURKE, COLLEEN K  
4805 W. LAUREL ST.,  
SUITE 230  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WESTLAKE, BERYL D  
Address: P.O. BOX 337  
City-St-Zip: KATHLEEN, FL 33849

Title: MGRM ( ) Delete  
Name: WESTLAKE, LARRY K  
Address: 936 EDITH AVENUE  
City-St-Zip: LAKELAND, FL 33815

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BERYL WESTLAKE

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date