


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90102 023 ****50.00

DOCUMENT # L06000068052 1. Entity Name THE BD FOURS L.L.C.			
Principal Place of Business 229 MENTOR DRIVE NAPLES, FL 34110		Mailing Address 229 MENTOR DRIVE NAPLES, FL 34110	
2. Principal Place of Business - No P.O. Box # <u>821 15th STREET SW</u>		3. Mailing Address <u>821 15th STREET SW</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Naples, FL</u>		City & State <u>Naples, FL</u>	
Zip <u>34117</u>	Country <u>USA</u>	Zip <u>34117</u>	Country <u>USA</u>
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMB, MICHAEL S 229 MENTOR DRIVE NAPLES, FL FL		7. Name and Address of New Registered Agent Name <u>Eric D. Rice</u> Street Address (P.O. Box Number is Not Acceptable) <u>821 15th STREET SW</u> City <u>Naples</u> FL Zip Code <u>34117</u>	
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 <u>Eric D. Rice</u> DATE <u>9/3/2007</u> <small>Signature typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMB, MICHAEL S 229 MENTOR DRIVE NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICE, ERIC 821 15TH ST SW NAPLES, FL 34117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENDER, RANDALL W 12556 LAKE SHALIMAR DRIVE BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Eric D. Rice</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>9/3/2007</u> Daytime Phone # <u>239-248-5707</u>	

60055728



09032007 Chg-LLC CR2E083 (12/06)