2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# L06000089481

Entity Name: BUSINESS DEVELOPERS ALLIANCE, LLC

Current Principal Place of Business:

656 MAGNOLIA DRIVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

656 MAGNOLIA DRIVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-5870446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOLIDGE, TONY
656 MAGNOLIA DRIVE
ALTAMONTE SPRINGS, FL 32701 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:	P	( ) Delete
Name:	JENSEN, DAWN R	
Address:	5703 RED BUG LAKE RD #219	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	T	( ) Delete
Name:	LARUSSA, THOM A	
Address:	2451 WALKERTOWN AVENUE	
City-St-Zip:	DELTONA, FL 32725	
Title:	S	( ) Delete
Name:	EVELETH, DAVE R	
Address:	701 CREEKWATER TERRACE #215	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	VP	(X) Delete
Name:	COOLIDGE, TONY	
Address:	656 MAGNOLIA DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	COOLIDGE, TONY	
Address:	656 MAGNOLIA DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: DAWN JENSEN MGRM 03/06/2007

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