

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097917

FILED
Mar 11, 2008
Secretary of State

Entity Name: BD-SEARCH, LLC

Current Principal Place of Business:

320 COFFEE POT RIVIERA
ST. PETERSBURG, FL 33704

New Principal Place of Business:

400 BEACH DRIVE
801
ST. PETERSBURG, FL 33701

Current Mailing Address:

PO BOX 76267
ST. PETERSBURG, FL 33734

New Mailing Address:

FEI Number: 13-4344498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGOVERN, WILLIAM D
320 COFFEE POT RIVIERA
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

MCGOVERN, WILLIAM D
400 BEACH DRIVE
801
ST. PETERSBURG, FL 33701 US

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:

03/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCGOVERN, WILLIAM D
Address: 320 COFFEE POT RIVIERA
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM () Delete
Name: MCFERRIN, CINDY
Address: 320 COFFEE POT RIVIERA
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCGOVERN, WILLIAM D
Address: 400 BEACH DRIVE, # 801
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM (X) Change () Addition
Name: MCFERRIN, CINDY
Address: 400 B EACH DRIVE, # 801
City-St-Zip: ST. PETERSBURG, FL 33701

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: WILLIAM D. MCGOVERN

MGR

03/11/2008

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