

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019399

Entity Name: BBD&G SCHERER, LLC

FILED  
Jan 21, 2009  
Secretary of State

**Current Principal Place of Business:**

3050 SCHERER DRIVE N  
SUITE C  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

3050 SCHERER DRIVE N  
SUITE C  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

BRANDES, MARC E ESQ.  
4300 BISCAYNE BLVD.  
SUITE 305  
MIAMI, FL 33137 US

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

BRANDES, MARC E ESQ.  
2900 GLADES CIRCLE  
SUITE 700  
WESTON, FL 33327 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: MARC E. BRANDES

01/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CONNORS, GARY J  
Address: 3050 SCHERER DRIVE N, SUITE C  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM ( ) Delete  
Name: BERGOFFEN, GLENN  
Address: 3050 SCHERER DRIVE N, SUITE C  
City-St-Zip: ST. PETERSBURG, FL 33716

**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: GARY J. CONNORS

MGRM

01/21/2009

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