

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L96000000135

1. Entity Name

BDD&L ENTERPRISES, LIMITED COMPANY



Principal Place of Business

P.O. BOX 182
KEY WEST FL 33041

Mailing Address

P.O. BOX 182
KEY WEST FL 33041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0637776

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAUFELT, LYNN
900 FLAGLER AVE.
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KAUFELT, LYNN
STREET ADDRESS 900 FLAGLER AVE.
CITY- ST- ZIP KEY WEST FL 33040

TITLE MGRM ☐ Delete
NAME KAUFELT, DAVID
STREET ADDRESS 900 FLAGLER AVE.
CITY- ST- ZIP KEY WEST FL 33040

TITLE MGRM ☐ Delete
NAME LIEB, DONNA
STREET ADDRESS 1025 VON PHISTER
CITY- ST- ZIP KEY WEST FL 33040

TITLE MGRM ☐ Delete
NAME LIEB, BOB
STREET ADDRESS 1025 VON PHISTER STREET
CITY- ST- ZIP KEY WEST FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1000000085256
CITY- ST- ZIP 03/11/04-80040-016 50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Lynn Kaufelt

3-8-2004

305-296-0011