


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L96000000135 1. Entity Name BDD&L ENTERPRISES, LIMITED COMPANY	
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Principal Place of Business
P.O. BOX 182
KEY WEST, FL 33041

Mailing Address
P.O. BOX 182
KEY WEST, FL 33041



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. Fil Number 65-0637776	Applied For Not Applicable
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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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUFELT, LYNN 900 FLAGLER AVE. KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUFELT, DAVID 900 FLAGLER AVE. KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIEB, DONNA 1025 VON PHISTER KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIEB, BOB 1025 VON PHISTER STREET KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/13/05-80052-022 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #