2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L9600000135 03-08-2006 90043 008 \*\*\*\*50.00 BDD&L ENTERPRISES, LIMITED COMPANY . Principal Place of Business Mailing Address P.O. BOX 182 KEY WEST FL 33041 P.O. BOX 182 KEY WEST FL 33041 2. Principal Place of Business 3. Mailing Address Suite. Act. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 65-0637776 Not Applicable \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAUFELT, LYNN 900 FLAGLER AVE. Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 City Zip Code 8. The above named entitle 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 re-SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete ☐ Change ☐ Addition KAUFELT, LYNN NAME MANE STREET ADDRESS STREET ADDRESS 900 FLAGLER AVE. CITY-ST-ZIP KEY WEST FL 33040 CITY . ST. 74P ☐ Delete MGRM TITLE Channe ■ Addition TITLE NAME KAUFELT, DAVID STREET ADDRESS STREET ADDRESS 900 FLAGLER AVE. CITY-ST-ZIF KEY WEST FL 33040 CITY-51-71P TTD F ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information somplied with this filing does not qualify for the exemptions contained in Section 119, 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 employee do execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

## FILED Mar 22, 2006 8:00 am Secretary of State





## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2006

BDD&L ENTERPRISES, LIMITED COMPANY P.O. BOX 182 KEY WEST, FL 33041

Subject: BDD&L ENTERPRISES, LIMITED COMPANY

Reference Number:

L96000000135

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION