



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90045 004 \*\*\*\*50.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L97000000182</b><br>1. Entity Name<br><b>B &amp; D OF SOUTHWEST FLORIDA, L.C.</b>  |  |   |   |                |  |
| Principal Place of Business<br><b>13000 S. TAMiami TRAIL<br/>FORT MYERS, FL 33907</b>  |  |   | Mailing Address<br><b>13000 S. TAMiami TRAIL<br/>FORT MYERS, FL 33907</b> |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   | 4. FEI Number<br><b>65-0731843</b>  |  |
| Zip  |  | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |  |   |   | 7. Name and Address of New Registered Agent   |  |
| <b>DUVALL, DAVID M<br/>13000 S. TAMiami TRAIL<br/>FORT MYERS, FL 33907</b>   |  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |   |   | <b>Make check payable to<br/>Florida Department of State</b>                                    |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>DUVALL, DAVID M<br/>1436 BRANDYWINE CIRCLE<br/>FORT MYERS, FL 33919</b> | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered to execute this report as required by Chapter 608, Florida Statutes. |  |   |   |   |  |
| <b>SIGNATURE:</b>  <b>4-12-06</b>   |  |   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |  |   |   |   |  |