2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000008745

 Entity Name BDS MANAGEMENT, L.L.C.



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

5111 OCEAN BLVD SARASOTA, FL 34242 Mailing Address

5111 OCEAN BLVD SARASOTA, FL 34242



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1788151 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HYMAN, ROSALIND S 5111 OCEAN BLVD, STE C SARASOTA, FL 34242

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent,	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			·
	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
F! D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	BDS DEVELOPMENT CORP.		
STREET ADDRESS	5111 C OCEAN BOULEVARD		
CITY ST-ZIP	SARASOTA, FL 34242		
TITLE			
NAME			000000735683 95/10/97-80042-024 50.00
STREET ADDRESS			<i>05/10/07-80042-024 50.00</i>
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		l 00	NOT WRITE
CITY-ST-ZIP		l bo	INOI WIKIIE
TITLE		IM	THIS SPACE
NAME		l livi	I IIIO SPACE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME		i	
STREET ADDRESS		l	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			

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.

SIGNATURE: MALE SIGNATURE AND TYPED OR PRI

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #