


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000002380 1. Entity Name BBD INVESTMENT PARTNERS, LLC	
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Principal Place of Business 11621 KEW GARDENS AVENUE STE. 210 PALM BEACH GARDENS, FL 33410	Mailing Address 11621 KEW GARDENS AVENUE STE. 210 PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 34-1991787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent REICH, DOUG 11621 KEW GARDENS AVENUE STE. 210 PALM BEACH GARDENS, FL 33410

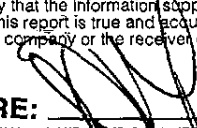
DO NOT WRITE IN THIS SPACE

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALFA EQUITIES, LLC 1368 NORTH KILLIAN DRIVE LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000310319 04/16/05-80072-007 50.00</p> 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)(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: 	DOUG REICH	4/12/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>
		561-622-4343 <small>Daytime Phone #</small>