

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000011936**

1. Entity Name  
**BEDS & BORDERS SOUTH, LLC**



Principal Place of Business  
**8855 ERIE ROAD  
PARRISH, FL 34219**

Mailing Address  
**P.O. BOX 616  
LAUREL, NY 11948**



02012007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1241881</b>	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**

**CANDE, KEVIN  
8855 ERIE ROAD  
PARRISH, FL 34219**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANDE, KEVIN 675 HALLS CREEK DRIVE MATTITUCK, NY 11952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEEBE, SUSAN M 1275 EVERGREEN DRIVE CUTCHOGUE, NY 11935
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U00000665016  
03/23/07-80007-020 50.00

**DO NOT WRITE  
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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: Susan M. Beebe 3/9/07 631-298-1836  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #