2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# L02000024046

Entity Name: BADCOCK FAMILY PROPERTIES, LLC

Current Principal Place of Business:

200 PHOSPHATE BOULEVARD
MULBERRY, FL 33860 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 497
MULBERRY, FL 33860-049 US

New Mailing Address:

FEI Number: 71-0906711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAYT, PHILLIP E
200 NORTH PHOSPHATE BOULEVARD
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MAWHINNEY, MARY B	
Address:	8 BROOK LANE	
City-St-Zip:	LAKELAND, FL 33803	
Title:	MGRM	( ) Delete
Name:	DAUGHTREY, ELIZABETH B	
Address:	1421 SEVILLE PL	
City-St-Zip:	LAKELAND, FL 33803	
Title:	MGRM	( ) Delete
Name:	BADCOCK, HENRY C SR	
Address:	8436 LITHIA PINECREST RD	
City-St-Zip:	LITHIA, FL 33547	
Title:	MGRM	( ) Delete
Name:	BADCOCK, BEN M	
Address:	5155 TERRY LANE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MGRM	( ) Delete
Name:	BADCOCK, WOGAN S III	
Address:	3529 CREWS LAKE DR	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MGR	( ) Delete
Name:	BAGGETT, PATRICK C	
Address:	1217 STRATTON DR	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK C BAGGETT MGR 02/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date