

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002040

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** B & D LAND AND PROPERTY COMPANY, LLC

**Current Principal Place of Business:**

3402 APALACHEE PARKWAY  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

2065 THOMAVILLE ROAD  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3402 APALACHEE PARKWAY  
TALLAHASSEE, FL 32311

**New Mailing Address:**

2065 THOMAVILLE ROAD  
TALLAHASSEE, FL 32308

**FEI Number:** 04-3758748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, SUSAN S  
3520 THOMASVILLE RD, 4TH FL  
TALLAHASSEE, FL 32309 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: DEAN DEVELOPMENT, LL, C  
Address: 2605 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: ADVANCED BUILDERS &, REMODELERS, IN C .  
Address: 3402 APALACHEE PARKWAY  
City-St-Zip: TALLAHASSEE, FL 32311

**ADDITIONS/CHANGES:**

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 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: R. CARLTON DEAN

MGM

02/09/2009

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