

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018900

Entity Name: BKD DEVELOPMENT, LLC

FILED
Jun 17, 2005
Secretary of State

Current Principal Place of Business:

5641 MIDNIGHT PASS RD
908
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

109 GINGER LANE
TAYLORS, SC 29687

New Mailing Address:

FEI Number: 43-1747425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOHLEY, BARBARA L
5641 MIDNIGHT PASS RD
908
SARASOTA, FL 34242 US

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: BOHLEY, BARBARA L
Address: 5641 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: MGRM () Delete
Name: KELLY, KAREN A
Address: 1213 WINDING WAY
City-St-Zip: TAYLORS, SC 29687

Title: MGRM () Delete
Name: BOHLEY, DAVID A
Address: 1231 PORTNER RD
City-St-Zip: ALEXANDRIA, VA 22314

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA BOHLEY

MS.

06/17/2005

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