

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018900

Entity Name: BKD DEVELOPMENT, LLC

FILED  
Feb 07, 2007  
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 ( )

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

BOHLEY, BARBARA L  
5641 MIDNIGHT PASS RD  
# 908  
SARASOTA, FL 34242 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: 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 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: BARBARA L. BOHLEY

MGRM

02/07/2007

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