

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000031586



1. Entity Name
 BSD REAL ESTATE PROPERTIES, L.L.C.

Principal Place of Business
 46 ROAST MEAT HILL RD.
 KILLINGWORTH, CT 06419

Mailing Address
 46 ROAST MEAT HILL RD.
 KILLINGWORTH, CT 06419



01082008 No Chg-LLC CR2E083 (12/07)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-2723393 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERROCAL, CARLOS J
 801 MAPLEWOOD DR, STE 22-A
 JUPITER, FL 33458

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000781797
 01/15/08-80049-008 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DOWD, BRUCE J 46 ROAST MEAT HILL RD KILLINGWORTH, CT 06419 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DOWD, SHERIDAN W 46 ROAST MEAT HILL RD KILLINGWORTH, CT 06419 |
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DO NOT WRITE IN THIS SPACE

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: *[Handwritten Signature]*