

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069628

**FILED**  
**Apr 23, 2007**  
**Secretary of State**

**Entity Name:** BIDDISCOMBE INTERNATIONAL, LLC

**Current Principal Place of Business:**

11961 31ST COURT N  
ST PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

11961 31ST COURT N  
ST PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 35-2238606      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MELVILLE, JOHN H  
11961 31ST COURT N  
ST PETERSBURG, FL 33716 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: MELVILLE, JOHN H  
Address: 11961 31ST COURT N  
City-St-Zip: ST PETERSBURG, FL 33716

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MELVILLE, JOHN H  
Address: 11961 31ST COURT N  
City-St-Zip: ST PETERSBURG, FL 33716

Title: MGR ( ) Change (X) Addition  
Name: MELVILLE, LINDA L  
Address: 11961 31ST COURT N  
City-St-Zip: ST PETERSBURG, FL 33716

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: JOHN H MELVILLE

MGR

04/23/2007

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