2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Apr 18, 2007 8:00 am Secretary of State **DOCUMENT # L04000076672** 04-18-2007 90039 049 ****55.00 1. Entity Name BIDD PROPERTIES, LC Principal Place of Business Mailing Address 60038452 2520 SAND MINE ROAD PO BOX 725 DAVENPORT, FL 33897 WINDERMERE, FL 34786 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number City & State City & State Not Applicable 59-3581569 Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent FLOYD, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 2520 SAND MINE ROAD DAVENPORT, FL 33897 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. **PMGR** ☐ Change ■ Addition TITLE Delete TITLE DEVERS DANIEL J NAME NAME 2520 SAND MINE ROAD STREET ADDRESS STREET ADDRESS DAVENPORT, FL 33897 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Addition TITLE ☐ Delete TITLE ☐ Change BERRY, JACK M NAME NAME STREET ADDRESS STREET ADDRESS 5354 ISLEWORTH COUNTRY CLUB DR CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daniel J Devers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

(863)420-6699

Daytime Phone #