

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000076672

1. Entity Name
BIDD PROPERTIES, LC



Principal Place of Business
**2520 SAND MINE ROAD
DAVENPORT, FL 33897**

Mailing Address
**PO BOX 725
WINDERMERE, FL 34786 07**



01142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3581569

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLOYD, THOMAS C
2520 SAND MINE ROAD
DAVENPORT, FL 33897**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U000000901464
04/29/08-80070-004 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PMGR
NAME	DEVERS, DANIEL J
STREET ADDRESS	2520 SAND MINE ROAD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	MGR
NAME	BERRY, JACK M
STREET ADDRESS	5354 ISLEWORTH COUNTRY CLUB DR
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

Daniel J. Devers

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

Date

(863)420-6699

Daytime Phone #