2006 LIMITED LIABILITY COMPANY ANNUAL REPORT								FILED Apr 24, 2006 8:00 am Secretary of State				
DOCUMENT # L05000038699 1. Entity Name B.E.D.D., LLC								04-24-2006				
0.2.0.0.,												
Principal Place 4239 63RD S BRADENTON,	TREET WES	ST	Mailing Address 4239 63RD STREET WEST BRADENTON, FL 34209				ı	đnn				
2. Principal Pla 9020 5		ness rive East	3. Mailing Address 9020 58th	Dri	ve Ea	st						
Suite, Apt. #, etc. Suite 101			Suite, Apt. #, etc. Suite 101				04182006	Chg-LLC	CR2E	083 (11/05)		
City & State Braden		FL	City & State Bradenton, FL				4. FEI Numb 20 -	er 2709090			plied For t Applicable	
Zip 34202_		Country USA	Zip 34202	Cour U	ntry SA		5. Certificate	of Status Desired	X	\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent SCHERER, DAVID K 4239 63RD STREET WEST BRADENTON, FL 34209							7. Name and Address of New Registered Agent Zabeth Thomason (P.O. Box Number is Not Acceptable) 58th Drive East					
	-,					uite				Zip Code		
8. The above	named entit	v submits this statement for	r the purpose of changing it	ts reniste			nton	th in the State of F	FL	- 01		
the obligation	Signature, Noted		And little if applicable. (NC)TE: Register	ed Agent signatu	re required w	hen reinstating)		4/20/ DATE	/2006		
Filing Fee is \$ 50.00 Due by May 1, 2006							Make check payable to Florida Department of State					
9. TITLE	MGRM	MANAGING MEMBE	_	10 TIT		MGR		ADDITIONS	CHANGE	S	X Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SCHERE 4239 63R	R, DAVID K D STREET WEST TON, FL 34209	Delete	NAI STF		Dar 182	rell a 2 97th	nd Mary Street	NW		K Andrin	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗖 Delete				710	RM □ Change ☑ Addition uce E. Shackelford 08 Cedar Hollow Circle adenton, FL 34203					
TITLE NAME STREET ADDRESS CITY-ST-2IP					le Me Reet adoress Y-st-zip	MGR Eli 620						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete							🗋 Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			Delete							Change	Addition	
indicated	on this reod	ort is true and accurate and	this filing does not qualify that my signature shall hav e empowered to execute the	e the san	ne leoal effe	ct as if ma	ade under oat	h: that I am a mana	further certi aging memb	fy that the info per or manage 	ormation ar of the	
SIGNAT		AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, N	IANAGER, C	R AUTHORIZED	REPRESEN		1)752-33 Date		4/20/2 Daytime Phone #	2006	
		\mathcal{D}										