

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000038699

1. Entity Name
B.E.D.D., LLC



Principal Place of Business
**9020 58TH DR EAST
SUITE 101
BRADENTON, FL 34202**

Mailing Address
**9020 58TH DR EAST
SUITE 101
BRADENTON, FL 34202**



02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2709090

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMASON, ELIZABETH
9020 58TH DR EAST
SUITE 101
BRADENTON, FL 34202**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

000000643071
03/01/07-80071-009 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHERER, DAVID K
STREET ADDRESS	4239 63RD STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	MGRM
NAME	DARRELL AND MARY ANN, LLC
STREET ADDRESS	1822 97TH ST NW
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	MGRM
NAME	SHACKELFORD, BRUCE E
STREET ADDRESS	7108 CEDAR HOLLOW CIR
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	MGRM
NAME	THOMASON, ELIZABETH L
STREET ADDRESS	6204 98TH ST EAST
CITY-ST-ZIP	BRADENTON, FL 34202
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

Elizabeth L. Thomason

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

2/15/07

Date

941-752-3322

Daytime Phone #