

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90097 027 \*\*\*143.75

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<b>DOCUMENT # L05000038699</b> 1. Entity Name <b>B.E.D.D., LLC</b>					
Principal Place of Business <b>9020 58TH DR EAST SUITE 101 BRADENTON, FL 34202</b>			Mailing Address <b>9020 58TH DR EAST SUITE 101 BRADENTON, FL 34202</b>		
2. Principal Place of Business - No P.O. Box # <b>9030 58th Drive EAST</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 103</b>			
City & State <b>BRADENTON, FL</b>		City & State <b>BRADENTON, FL</b>		4. FEI Number <b>20-2709090</b>	
Zip <b>34202</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMASON, ELIZABETH 9020 58TH DR EAST SUITE 101 BRADENTON, FL 34202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHERER, DAVID K <input type="checkbox"/> Delete 4239 63RD STREET WEST BRADENTON, FL 34209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARRELL AND MARY ANN, LLC <input type="checkbox"/> Delete 1822 97TH ST NW BRADENTON, FL 34209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHACKELFORD, BRUCE E <input type="checkbox"/> Delete 7108 CEDAR HOLLOW CIR BRADENTON, FL 34203			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMASON, ELIZABETH L <input type="checkbox"/> Delete 6204 98TH ST EAST BRADENTON, FL 34202			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Elizabeth L Thomason</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4-4-08</u> Daytime Phone # <u>941-758-3322</u>	