

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047071

FILED
Apr 28, 2006
Secretary of State

Entity Name: BOTTOM PROPERTIES, LLC

Current Principal Place of Business:

P O BOX 1587
QUINCY, FL 323531587 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1587
QUINCY, FL 323531587 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDENBAUGH, J Y
117 GREENWOOD DR
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDWARDS, O W III
Address: P O BOX 1587
City-St-Zip: QUINCY, FL 323531587 US

Title: MGR () Delete
Name: HIGDON, W S
Address: P O BOX 1587
City-St-Zip: QUINCY, FL 323531587 US

Title: MGR () Delete
Name: SHIVER, S
Address: P O BOX 1587
City-St-Zip: QUINCY, FL 323531587 US

Title: MGR () Delete
Name: BEDENBAUGH, J Y
Address: P O BOX 1587
City-St-Zip: QUINCY, FL 323531587 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STANLEY SHIVER

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date