

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117714

Entity Name: BEDFORD BAY LLC

FILED  
Sep 03, 2008  
Secretary of State

**Current Principal Place of Business:**

5976 20TH ST. SUITE 170  
VERO BEACH, FL 32966

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 114  
VERO BEACH, FL 32961

**New Mailing Address:**

P.O. BOX 1114  
VERO BEACH, FL 32961

FEI Number: 26-0672133      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: HOFF, ETHEL B MGR  
Address: 5976 20TH ST. SUITE 170  
City-St-Zip: VERO BEACH, FL 32966

Title: SECY ( ) Change (X) Addition  
Name: TAYLOR, FLOYD RAY SECY  
Address: 5976 20TH ST. SUITE 170  
City-St-Zip: VERO BEACH, FL 32966

I hereby certify that the information supplied with this filing does not qualify 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: ETHEL B HOFF

MGR

09/03/2008

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