

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057942

Entity Name: BILEDCO, LLC

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O WILLIAM M. STANTON  
201 NORTH FRANKLIN ST., SUITE 2000  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

C/P WILLIAM M. STANTON  
POST OFFICE BOX 1531  
TAMPA, FL 33601

**New Mailing Address:**

FEI Number: 26-0298293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STANTON, WILLIAM M  
201 NORTH FRANKLIN ST., SUITE 2000  
TAMPA, FL 33602 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: STANTON, LAMARCUS E.B.  
Address: 201 NORTH FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Delete  
Name: STANTON, WILLIAM M  
Address: 201 NORTH FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STANTON, WILLIAM M  
Address: 201 NORTH FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

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

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: WILLIAM M. STANTON

MGR

04/23/2009

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