

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074931

Entity Name: BISON PROPERTIES, LLC

FILED  
Jul 09, 2008  
Secretary of State

## Current Principal Place of Business:

1012 BRIARWOOD DRIVE  
WAUCHULA, FL 33873

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1748  
WAUCHULA, FL 33873

## New Mailing Address:

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

SOUTHWELL, JERALD S II  
105 S. 6TH AVE  
UNIT 1  
WAUCHULA, FL 33873 US

## Name and Address of New Registered Agent:

SOUTHWELL, JERALD S II  
502 W MAIN STREET  
WAUCHULA, FL 33873 US

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:

07/09/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CANARY, DONALD H III  
Address: 1012 BRIARWOOD DRIVE  
City-St-Zip: WAUCHULA, FL 33873

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

## ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition  
Name: SOUTHWELL, JERALD S II  
Address: 362 METHENY ROAD  
City-St-Zip: WAUCHULA, FL 33873

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: DONALD H. CANARY

MGR

07/09/2008

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