

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002121

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** B & D WAKULLA INVESTMENTS LLC

**Current Principal Place of Business:**

269 FOREST LN  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

52 EVANS AVE.  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

PO BOX 782  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

**FEI Number:** 80-0331707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHROEDER, ROBERT L  
269 FOREST LN  
CRAWFORDVILLE, FL 32327 US

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

SCHROEDER, ROBERT L  
52 EVANS AVE.  
CRAWFORDVILLE, FL 32327 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:

04/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHROEDER, ROBERT L  
Address: PO BOX 782  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: MGRM  
Name: SCHROEDER, DEBORAH  
Address: PO BOX 782  
City-St-Zip: CRAWFORDVILLE, FL 32326

I hereby 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: ROBERT L. SCHROEDER

MGRM

04/26/2010

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