


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90097 049 ****50.00

DOCUMENT # M98000001625 1. Entity Name BDC LAND INVESTMENTS, L.L.C.					
Principal Place of Business 440 QUINCY INGRAM STREET THOMASVILLE, AL 36784			Mailing Address 320 ELONIE ST THOMASVILLE, AL 36784		
2. Principal Place of Business 320 Elonie St.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Thomasville, AL.		City & State		4. FEI Number 62-1223319	
Zip 36784		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHOP, JAMES B 440 QUINCY INGRAM STREET THOMASVILLE, AL 36784	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bishop, James B 320 Elonie St. Thomasville, AL. 36784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALDAG, MELINDA B 440 QUINCY INGRAM STREET THOMASVILLE, AL 36784	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Aldag, Melinda B 320 Elonie St. Thomasville, AL. 36784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BISHOP, MARION O 440 QUINCY-INGRAM STREET THOMASVILLE, AL 36784	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bishop, Marion O 320 Elonie St. Thomasville, AL. 36784
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 7 14 04 Daytime Phone #	