2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000001625

1. Entity Name
BDC LAND INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
320 ELONIE ST THOMASVILLE, AL 36784	320 ELONIE ST THOMASVILLE, AL 36784

07072005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1223319
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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: _____ 7-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

U00000373639
07/20/05-80001-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	BISHOP, JAMES B
STREET ADDRESS	320 ELONIE ST
CITY-ST-ZIP	THOMASVILLE, AL 36784
TITLE	VTD
NAME	ALDAG, MELINDA B
STREET ADDRESS	320 ELONIE ST
CITY-ST-ZIP	THOMASVILLE, AL 36784
TITLE	SD
NAME	BISHOP, MARION O
STREET ADDRESS	320 ELONIE ST
CITY-ST-ZIP	THOMASVILLE, AL 36784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 7-15-05 334-636-4369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #