

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # M98000001625

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



Principal Place of Business

320 ELONIE ST
THOMASVILLE, AL 36784

Mailing Address

320 ELONIE ST
THOMASVILLE, AL 36784



03262008 No Chg-LLC

CR2E083 (12/07)

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000877923
04/14/08-80033-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME BISHOP, JAMES B
STREET ADDRESS 320 ELONIE ST
CITY-ST-ZIP THOMASVILLE, AL 36784

TITLE VTD
NAME BISHOP, MARION O
STREET ADDRESS 320 ELONIE ST
CITY-ST-ZIP THOMASVILLE, AL 36784

TITLE SD
NAME BISHOP, JR, JAMES B
STREET ADDRESS 320 ELONIE ST
CITY-ST-ZIP THOMASVILLE, AL 36784

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

James BOBBY Bishop

5/30/08 334-636-4369
Date Daytime Phone #