

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90047 024 ****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

**440 QUINCY INGRAM STREET
THOMASVILLE AL 36784**

Change address

2. Principal Place of Business

3. Mailing Address

320 Elonic St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

THOMASVILLE

City & State

City & State

ALABAMA

Zip

Country

Zip

Country

36784 CLARKE



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE * ☐ Delete
NAME -
STREET ADDRESS
CITY - ST - ZIP
**PD
BISHOP, JAMES B
440 QUINCY INGRAM STREET
THOMASVILLE AL 36784**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
ALDAG, MELINDA B
440 QUINCY INGRAM STREET
THOMASVILLE AL 36784**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BISHOP, MARION O
440 QUINCY INGRAM STREET
THOMASVILLE AL 36784**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE * ☐ Delete
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/2003 334 636-4369

CR2E083 (10/02)

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