
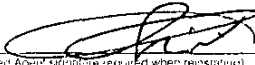



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90034 024 ****50.00

DOCUMENT # L05000029107			
1. Entity Name BM VENTURES, LLC			
Principal Place of Business 674 SOUTH GULFVIEW BLVD. CLEARWATER, FL 33767		Mailing Address 674 SOUTH GULFVIEW BLVD. CLEARWATER, FL 33767	
2. Principal Place of Business - No P O Box # 437 S. GULFVIEW BLVD Suite, Apt. #, etc.		3. Mailing Address 437 S. GULFVIEW BLVD Suite, Apt #, etc.	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33767-2508		Zip 33767-2508	
Country		Country	
4. FEI Number 33-1116311		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NICKOLAS C. EKONOMIDES, P.A. 79T BAYWAY BLVD. CLEARWATER, FL 33767		7. Name and Address of New Registered Agent Name MEIR M. SWISA Street Address (P O Box Number is Not Acceptable) 437 S. GULFVIEW BLVD. City CLEARWATER FL Zip Code 33767-2508	
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 <u>Meir M. Swisa</u>  Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOUTS, BIL 674 SOUTH GULFVIEW BLVD. CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEIR M. SWISA 437 S. GULFVIEW BLVD CLEARWATER, FL 33767-2508 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Meir M. Swisa</u>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

