2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000040865

1. Entity Name B.M. HOLDINGS, LLC



FILED Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3158 RIDDLE ROAD

WEST PALM BEACH, FL 33406

3158 RIDDLE ROAD

WEST PALM BEACH, FL 33406

CR2E083 (11/05)

4. FEI Number 27-0121869

04082007 No Chg-LLC

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMBER, FOLEY R

DO NOT WRITE

	TON, FL 33414	IN THIS SPACE					
8. The above the obligat	e named entity submits this statement for the purpose of chations of registered agent.	L Inging its registered office or registered agent, or bo	oth, in the State of Florida. I am fa	amiliar with, and accept			
Signature, typed or printed name of registered agent and title 4 applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE				
Filing Fee is \$50.00 Due by May 1, 2007		U00000700614 04/20/07-80024-007 50.00					
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOLEY, MICHAEL C 851 FOREST GLEN LN WELLINGTON, FL 33414						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOLEY, WILLIAM L JR. 3158 RIDDLE ROAD WEST PALM BEACH, FL 33406		**				
TITS F							

DO NOT WRITE 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.

e	IG	М	A٦	TI 1	D	E.
J	19	IV.	~	···	К	┗.

NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #