


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State


03-24-2008 90235 042 ***138.75

DOCUMENT # L07000103429	
1. Entity Name BNS PROPERTY GROUP LLC	

Principal Place of Business 1017 PARKSIDE POINTE BLVD APOPKA, FL 32712	Mailing Address 1017 PARKSIDE POINTE BLVD APOPKA, FL 32712
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60016602



03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1408337	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHO, ILHWAN 11009 SE 174TH LOOP SUMMERFIELD, FL 34491	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, GYUNGHI			NAME			
STREET ADDRESS	1017 PARKSIDE POINTE BLVD			STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIS, SUNAE			NAME			
STREET ADDRESS	282T WRIGHT AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHO, SONMI			NAME			
STREET ADDRESS	5739 CRESTVIEW DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LADY LAKE, FL 32159			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUBARRUBIA, ANGELA			NAME			
STREET ADDRESS	651 DUNBLANE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHO, ILHWAN			NAME			
STREET ADDRESS	11009 SE 174 LOOP			STREET ADDRESS			
CITY-ST-ZIP	SUMMERFIELD, FL 34491			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHO, SUKHYON			NAME			
STREET ADDRESS	11009 SE 174 LOOP			STREET ADDRESS			
CITY-ST-ZIP	SUMMERFIELD, FL 34491			CITY-ST-ZIP			

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:  **X 3-20-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #