2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103429

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGR

CHO, ILHWAN

CHO. SUKHYON

11009 SE 174 LOOP

11009 SE 174 LOOP

SUMMERFIELD, FL 34491

SUMMERFIELD, FL 34491

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Entity Name: BNS PROPERTY GROUP LLC

FILED Feb 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1017 PARKSIDE POINTE BLVD APOPKA, FL 32712 **Current Mailing Address: New Mailing Address:** 1017 PARKSIDE POINTE BLVD APOPKA, FL 32712 FEI Number: 26-1408337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHO, ILHWAN 11009 SE 174TH LOOP SUMMERFIELD, FL 34491 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete LEE, GYUNGHI Name: Name: 1017 PARKSIDE POINTE BLVD Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: MGR Title: () Delete () Change () Addition ELLIS, SUNAE Name: Name: Address: 282T WRIGHT AVENUE Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CHO, SONMI Name: Name: 5739 CRESTVIEW DRIVE Address: Address: City-St-Zip: LADY LAKE, FL 32159 City-St-Zip: () Delete Title: MGR Title: () Change () Addition CUBARRUBIA, ANGELA Name: Name: Address: 651 DUNBLANE DRIVE Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

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() Change () Addition

SIGNATURE: GYUNG H LEE MGR 02/27/2009