

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004422

Entity Name: BXG CONSTRUCTION LLC

FILED
May 03, 2010
Secretary of State

Current Principal Place of Business:

4960 CONFERENCE WAY NORTH, STE 100
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4960 CONFERENCE WAY NORTH, STE 100
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 26-0316058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:

Title: MGR
Name: MALONEY, JOHN M
Address: 4960 CONFERENCE WAY NORTH, STE 100
City-St-Zip: BOCA RATON, FL 33431

Title: MGR
Name: PULEO, ANTHONY M
Address: 4960 CONFERENCE WAY NORTH, STE 100
City-St-Zip: BOCA RATON, FL 33431

Title: MGR
Name: ELLIS, ALEXANDER
Address: 4960 CONFERENCE WAY NORTH, STE 100
City-St-Zip: BOCA RATON, FL 33431

Title: MEMB
Name: BLUEGREEN VACATIONS UNLIMITED, INC.
Address: 4960 CONFERENCE WAY NORTH, STE. 100
City-St-Zip: BOCA RATON, FL 33431

Title: SEC
Name: KAMINER, MICHAEL
Address: 4960 CONFERENCE WAY NORTH, STE. 100
City-St-Zip: BOCA RATON, FL 33431

I hereby 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.

SIGNATURE: MICHAEL KAMINER

SEC

05/03/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date