

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004422

Entity Name: BXG CONSTRUCTION LLC

FILED  
Apr 30, 2011  
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 ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: ANTHONY M. PULEO

MGR

04/30/2011

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