2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000746

1. Entity Name
BGK PORTFOLIO I LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:35

Principal Place of Business
330 GARFIELD ST.. #200
SANTA FE NM 87501

Mailing Address
330 GARFIELD ST.. #200
SANTA FE NM 87501-2677

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2857224 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROBERT F
1301 6TH AVENUE W., #400
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
MGR GILBERT, EDWARD M 330 GARFIELD ST., #200 SANTA FE NM 87501	☐
MGR KOLBER, FRED 330 GARFIELD ST., #200 SANTA FE NM 87501	☐
MGR BERMAN, ED 330 GARFIELD ST., #200 SANTA FE NM 87501	☐
	☐
	☐
	☐

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
H 3/9/00	☐ ☐
300003168943--0 -03/14/00--01074--004 *****50.00 *****50.00	☐ ☐
	☐ ☐
	☐ ☐
	☐ ☐
	☐ ☐

CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 2/22/00 (505) 992-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

001849 6 AB