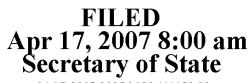
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1.06000104447



1. Entity Nam BGGK, LI	10	# LU6000 1044			04-17-2007 9	90256 030) ****50.	.00		
Principal Place of Business 3565 SEDONA LOOP TALLAHASSEE, FL 32308 US			Mailing Address P.O. BOX 14114 TALLAHASSEE, FL 32317 US			à impilett by		1981 HEN GOM PIE	ii Bibli Bibli Idl	PP S (III ; S S)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04062007	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State			4. FEI Numbe				oplied For ot Applicable
Zip	Country		Zíp	Coun	try	5. Certificate	of Status Desired		\$5,00 Add Fee Require	
	6. Name	and Address of Current F	egistered Agent Name			7. Name and	Address of New F	Registered A	gent	
HUGHES, JAMES J 4913 NORTH MONROE STREET TALLAHASSEE, FL 32303					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	e
8 The shove	named entity	v submits this statement for	register		ered agent, or both	h in the State of FI		amiliar with	and accept	
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.										
SIGNATURESgnature, typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent agriculture required when reinstitting) DATE										
Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10.							Florid	ke check p a Departmi		•
TITLE	MGR	WANAGING WENDER	Delete	זות.	Ē .		ADDITIONS	TOTANGES	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1	GALE F OONA LOOP SSEE, FL 32308			E ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detete		t t				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					.,	☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	E E Et adoress - ST-ZIP				Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Defete	CITY	E ET ADDRESS - ST-ZIP				☐ Change	☐ Addition
indicated	on this repor	rt is true and accurate and t	this filing does not qualify for hat my signature shall have empowered to execute this	the same	e legal effect as if	made under oath;	that I am a mana	further certify ging membe	that the info r or manage	rmation or of the

JRE: Dal 2. July
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE