

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000009717

1. Entity Name  
BAM L.L.C.



Principal Place of Business  
415 32ND STREET WEST  
BRADENTON, FL 34205

Mailing Address  
415 32ND STREET WEST  
BRADENTON, FL 34205



01052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1030588

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOTT, MICHAEL  
415 32ND STREET WEST  
BRADENTON, FL 34205

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: MGR  
NAME: MOTT, BARBARA  
STREET ADDRESS: 415 32ND STREET WEST  
CITY-STATE-ZIP: BRADENTON, FL 34205

TITLE:  
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CITY-STATE-ZIP:

000000465818  
03/23/06-80026-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

11 I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Barbara A. Mott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/10/06* *746.3216*

Date

Daytime Phone #