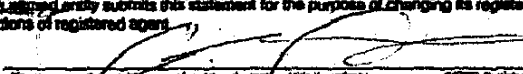
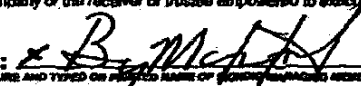


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ FILED
Jun 28, 2004 8:00 am
Secretary of State

05-04-2004 90019 046 ****50.00

DOCUMENT # L01000002040			
1. Entity Name BGM, LLC			
Principal Place of Business 2646 TRILLIUM WAY NAPLES, FL 34104		Mailing Address 2646 TRILLIUM WAY NAPLES, FL 34104	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1385487		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PRICE, R. SCOTT ESQ. PRICE, SIKET, SOLIS & NOVATT, LLP 2640 GOLDEN GATE PKWY., STE. 115 NAPLES, FL 34105		Name CHERYL R. KRAUS ESQ Street Address (P.O. Box Number is Not Acceptable) 1073 LEONARDO CT RD NORTH NAPLES FL 34109	
8. The above signed 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 		DATE 5/18/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MEM MCINTOSH, BARRY 111 CALLOWAY CT., STE 104 BOWLING GREEN, KY 42103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER BARRY MCINTOSH 111 CALLOWAY CT, STE 104 BOWLING GREEN, KY 42103	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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: 		DATE 5-22-04	
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

111 5th St.