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Secretary of State
05-04-2004 90019 046 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

34008951

04282004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000002040

1. Entity Name
BGM, LLC

Principal Place of Business	Mailing Address
2646 TRILLIUM WAY NAPLES, FL 34104	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

PRICE, R. SCOTT ESQ.
PRICE, SIKET, SOLIS & NOVATT, LLP
2640 GOLDEN GATE PKWY., STE. 115
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name: CHERYL R. KRAUS ESQ
Street Address (P.O. Box Number is Not Acceptable): 1073 GOODLETTE RD NORTH
City: NAPLES FL Zip Code: 34103

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] 5/18/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MEM ☐ Delete	TITLE	MANAGING MEMBER ☒ Change ☐ Addition
NAME	MCINTOSH, BARRY	NAME	BARRY McINTOSH
STREET ADDRESS	111 CALLOWAY CT., STE. ~~202~~ 104	STREET ADDRESS	111 CallowayCT, STE 104
CITY-ST-ZIP	BOWLING GREEN, KY 42103	CITY-ST-ZIP	Bowling Green, KY 42103
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
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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(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] 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #