

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90025 032 ****50.00

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01192006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L01000002899					
1. Entity Name BGZM LAND, LLC					
Principal Place of Business 202 ALBRIGHTON COURT LONGWOOD, FL 32779			Mailing Address PO BOX 916774 LONGWOOD, FL 32791-6774		
2. Principal Place of Business 1053 MAITLAND CENTER COMMONS Suite, Apt. #, etc. SUITE 200 City & State MAITLAND FL Zip 32751 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 		4. FEI Number 59-2687498 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GABBAI, A. DAVID 202 ALBRIGHTON COURT LONGWOOD, FL 32779	
7. Name and Address of New Registered Agent Name <u>GABBAI, A. DAVID</u> Street Address (P.O. Box Number is Not Acceptable) 1053 MAITLAND CENTER COMMONS SUITE 200 City <u>MAITLAND</u> <u>FL</u> Zip Code <u>32751</u>				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 <u>[Signature]</u> <u>A. DAVID GABBAI, MANAGER</u> <u>1/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small> DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZARINSKY, STANLEY PO BOX 916774 LONGWOOD, FL 327916774	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LONGWOOD, FL 32791-6774	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROTMAN, LESTER PO BOX 916774 LONGWOOD, FL 327916774	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORSE, WILLIAM PO BOX 916774 LONGWOOD, FL 327916774	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID, GABBAI A 202 ALBRIGHTON CT LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1053 MAITLAND CENTER COMMONS, SUITE 200 MAITLAND, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>Stanley Zarinsky</u> <u>STANLEY ZARINSKY, MANAGER</u> <u>1/24/06</u> <u>407-774-0774</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					