

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90344 004 ****55.00

DOCUMENT # L01000022293

1. Entity Name
B I HOLDING, LLC



Principal Place of Business
**10935 SE 177TH PLACE #305
SUMMERFIELD, FL 34491**

Mailing Address
**10935 SE 177TH PLACE #305
SUMMERFIELD, FL 34491**

2. Principal Place of Business

3. Mailing Address

PO Box 8670

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Shawnee Mission KS

Zip

Country

Zip

Country

66208

USA

01302004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

45-1948107

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

**FIRST AMERICAN INTERNATIONAL INC
10935 SE 177TH PLACE #305
SUMMERFIELD, FL 34491**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REINTJES, STEVE
6412 HIGH DRIVE
SHAWNEE MISSION, KS 66208**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

1/30/4