## 2006 LIMITED LIABILITY COMPANY

## ANNUAL REPORT DOCUMENT #1 01000022293



FILED Apr 17, 2006 8:00 am Secretary of State

1. Entity Name B I HOLDING, LLC						04-17-2006 90031 014 ****55.00			0	
Principal Place of Business 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491			Mailing Address PO BOX 8670 PRAIRIE VILLAGE, KS 66208							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03262006	Chg-LLC	CR2E	083 (11/05)	
City & State			City & State			4. FEI Num!			}	pplied For ot Applicable
Zip	Country		Zip Country		try		e of Status Desired	X	\$5.00 Ad	ditional
	6. Name	and Address of Current R				7. Name an	7. Name and Address of New Registered Agent			
FIRST AM	FRICANII	NTERNATIONAL INC		Name						
FIRST AMERICAN INTERNATIONAL INC 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491			,		Street Add	ress (P.O. Box Num	ber is Not Acceptable	)		
					City				Zip Coo	
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	ions of regist		the purpose of changing its	registeri	ed dirice or re	igistered agent, or o	oun, in the State of Pid	nga. ram	ramılar <b>w</b> ith	, апо ассері
SIGNATURE	Signature, typed	for printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature	required when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006										
F) D	iling Fee i ure by May	is \$50.00 y 1, 2006							payable to nent of Stat	te
9.	ure by May	is \$50.00 y 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.				Departn	nent of Stat	te
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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:

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

(9/3) 362-6352