

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90434 002 ****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
**PO BOX 8670
PRAIRIE VILLAGE, KS 66208**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072007 Chg-LLC CR2E083 (12/06)

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REINTJES HOLDING LLC
2400 W 59TH STREET
SHAWNEE MISSION, KS 66208** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHAWNEE UNIFIED ASSETS INC
3931 SW COLLEGE ROAD
OCALA, FL 34474** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**10935 SE 177th Place #305
Summerfield, FL 34491**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LANE, GLENN E
3931 SW COLLEGE ROAD
OCALA, FL 34474** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**10935 SE 177th Place #305
Summerfield, FL 34491**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/8/07
Date

Daytime Phone #