

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90041 033 \*\*\*\*50.00

**DOCUMENT #** L01000022694

**1. Entity Name**

**B AND G COMMERCIAL PROPERTIES, LLC**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**1108 U.S. Highway 1**

Suite, Apt. #, etc.

**3. Mailing Address**

**4714 S.E. WATSON BLVD**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**Sebring, FL**

**City & State**

**STUART, FL**

**4. FEI Number**

**69-000 3279**

**Applied For**

**Not Applicable**

**Zip**

**32958**

**Country**

**Indian River**

**Zip**

**34957**

**Country**

**8 MARTIN**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

**Robert P. Summers**

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

**2400 S. E. Federal Hwy**

**Fourth Floor**

**City**

**STUART, FL**

**FL**

**Zip Code**

**34994**

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>Manager</b>
<b>NAME</b>	<b>William M. Teich</b>
<b>STREET ADDRESS</b>	<b>4714 S.E. WATSON BLVD DR</b>
<b>CITY-ST-ZIP</b>	<b>STUART, FL 34997</b>
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**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:**

**William M. Teich Manager**

**2/18/2002 561 2936373**

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

Date

Daytime Phone #

CR2E083B (12/01)