2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

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DOCUMENT # L03000003566 1. Entity Name BMW DEVELOPMENT OF NORTH CAROLINA, LLC					04-26-2005	90022 009 ****	50.00
Principal Place of Business 125 BASIN ST., STE. 210 DAYTONA BEACH, FL 32114		Mailing Address 125 BASIN ST., STE. 210 DAYTONA BEACH, FL 32114			20047892		
2. Principal Pi	SEABREEZE BLVO.	Suite, Apt. #, etc.	ZE BLVO	0113200	5 Chg-LLC	CR2E083 (10/03)	
SUITE 1002		SVITE 1002		0113200	o Chg-LLC	CH2E083 (10/03)	
City & State UAYTONA BEACH, FL		DAYTONA BEACH, FL		4. FEI Nu 02-0	mber 674734		pplied For ot Applicable
Zip 3211	Country	32118	Country 5.	5. Certific	ate of Status Desired	S5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
Name							_
MILLER, SANFORD			Ctroot A	ddrasa /D.O. Bay No.	mbaria Nat Assautable		
125 BASIN ST., STE. 210			Street Address (P.O. Box Number is Not Acceptable) 444 SEARREEZE BLVO., SUITE 1002				
DAYTONA BEACH, FL 32114							
<i>:</i>			-21	· · · · · · · · · · · · · · · · · · ·			
•			City	LUAYTONA KEACH			
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							
SIGNATURE .	Signature, typed or printed name of registered agent of	and title if applicable. (NOTE:	Registered Agent signal	ture required when reinstating	<u></u> .	DATE	
Fi	Signature, typed or printed name of registered agent. lling Fee is \$50.00 ue by May 1, 2005	and title if applicable. (NOTE:	Registered Agent signal	ure required when reinstating	Mak	DATE e check payable to Department of Sta	te
Fi	ling Fee is \$50.00		Registered Agent signat	ure required when reinstating	Mak Florida	e check payable to Department of Sta	ie
Fi Dı	ling Fee is \$50.00 ue by May 1, 2005			ture required when reinstating	Mak	e check payable to Department of Sta	<u>.</u>
Fi Do	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	10.		Mak Florida ADDITIONS/	e check payable to Department of Star CHANGES	Addition
9. IITLE NAME STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE MGRM MILLER, SANFORD 28 BROAD RIVER RD	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	444 SEABRE	Maki Florida ADDITIONS/	e check payable to Department of Sta CHANGES Change	<u>.</u>
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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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SANFORD MILLER 4/18/05 386-238-7035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Deviate Prone #