


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90024 001 ****50.00

DOCUMENT # L03000003566 1. Entity Name BMW DEVELOPMENT OF NORTH CAROLINA, LLC	
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Principal Place of Business 444 SEABREEZE BLVD, STE 1002 DAYTONA BEACH, FL 32118	Mailing Address 444 SEABREEZE BLVD, STE 1002 DAYTONA BEACH, FL 32118
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0674734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, SANFORD 444 SEABREEZE BLVD, STE 1002 DAYTONA BEACH, FL 32118

**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. I am familiar with, and accept the obligations of registered agent.

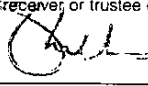
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SANFORD 444 SEABREEZE BLVD, STE 1002 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARFIELD, RANDY 3544 N LAKESHORE DR CLEMMONS, NC 27012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARWICK, WILLIAM 105 ELKS TRAIL THOMASVILLE, NC 27360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  SANFORD MILLER 4/23/07 386-238-7035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #