

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000003566

1. Entity Name
BMW DEVELOPMENT OF NORTH CAROLINA, LLC



Principal Place of Business
**444 SEABREEZE BLVD, STE 1002
DAYTONA BEACH, FL 32118**

Mailing Address
**444 SEABREEZE BLVD, STE 1002
DAYTONA BEACH, FL 32118**



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0674734

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000532078
05/22/08-80040-014 138.75

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: _____

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

SANFORD MILLER

4/22/08

Date

386-238-7035

Daytime Phone #