
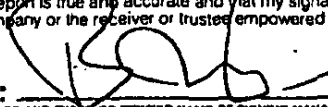


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3/12/2004-90231-014-\$50.00-\$50.00

DOCUMENT # L03000004507 1. Entity Name B&G PARTNERS, L.L.C.		 <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">FILED</div> <div style="font-size: 1.5em; margin-top: 5px;">04 OCT 25 PM 4:14</div> <div style="font-size: 0.8em; margin-top: 5px;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">MJH</div>	
Principal Place of Business 301 151 MARY ESTHER BLVD., SUITE 200A MARY ESTHER FL 32569		Mailing Address 301 151 MARY ESTHER BLVD., SUITE 200A MARY ESTHER FL 32569	
2. Principal Place of Business 151 Mary Esther Blvd, Suite, Apt. #, etc. Suite 301		3. Mailing Address 151 Mary Esther Blvd. Suite, Apt. #, etc. Suite 301	
City & State Mary Esther, FL 32569		City & State Mary Esther, FL 32569	
Zip 32569	Country USA	Zip 32569	Country USA
4. FEI Number 20-0663642		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWKINS, JOHN W ESQ. C/O MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTIN FL 32541		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner <input type="checkbox"/> Delete Bruce Witkind MGR 600 Gulfshore Drive Unit #605 Destin, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner <input type="checkbox"/> Delete Guglielmo Ianni MGR 529 Highway 98 E, Destin, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.		<div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT 2004</div> <div style="font-size: 1.5em; text-align: center; margin-top: 5px;">w/o penalty</div>	
SIGNATURE: 		Bruce Witkind 3/1/04 850-654-5262	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE PHONE #	