


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000032704**

1. Entity Name  
**BFG LAKESHORE, LLC**



|  |   |
|--|---|
| Principal Place of Business<br><b>401 FERGUSON DRIVE<br/>         ORLANDO, FL 32856 US</b> | Mailing Address<br><b>P.O. BOX 568492<br/>         ORLANDO, FL 32856-8492</b> |
|--|---|



01052006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

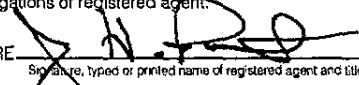
|   |  |
|---|--|
| 4. FEI Number<br><b>20-0900843</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**DICKSON, RUSSELL K JR.  
 20 N. ORANGE AVENUE  
 1500  
 ORLANDO, FL 32801**

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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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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

**Filing Fee is \$50.00  
 Due by May 1, 2006**

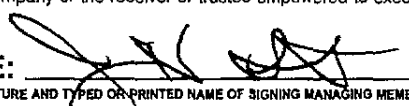
9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FUQUA, JEFFREY B<br>401 FERGUSON DRIVE<br>ORLANDO, FL 32856 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000402180  
 02/02/06-80074-025 50.00

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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:  Date: **1-19-2006** Daytime Phone #: **407 293-6562**

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