## **2006 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000047069

1. Entity Name BSG LONGBOAT KEY, LLC



Principal Place of Business

SOUTHTRUST BANK BUILDING 303 9TH STREET WEST, STE 201 BRADENTON, FL 34205

Mailing Address

SOUTHTRUST BANK BUILDING 303 9TH STREET WEST, STE 201 BRADENTON, FL 34205

## **FILED** Apr 11, 2006 8:00 am Secretary of State

04-11-2006 90012 040 \*\*\*\*50.00



02072006 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 52-2420753 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON, FL 34205

## 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		ed Agent signature required when reinstating)  DATE
Filing Fee Is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	P	•
NAME	BUSKIRK, FRANK	
STREET ADDRESS	303 NINTH STREET W., SUITE 201	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	VP	1
NAME	GRAVELY, JEFFREY D	
STREET ADDRESS	303 NINTH STREET W., SUITE 201	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	T	
NAME	SUMMERS, STEVE E	
STREET ADDRESS	303 NINTH STREET W., SUITE 201	DO NOT WRITE
CITY-ST-ZIP	BRADENTON, FL 34205	DO NOT WINTE
TITLE		IN THIS SPACE
NAME		IN THIS STAGE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		

11. I hereby certify that the information supplied with this filling 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 employee to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: A

STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #