

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000047069

1. Entity Name
BSG LONGBOAT KEY, LLC



FILED

07 OCT -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2420753

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

CR2E083 (12/06)

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME BUSKIRK, FRANK
STREET ADDRESS 303 NINTH STREET W., SUITE 201
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☐ Change ☐ Addition
NAME managing member
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME GRAVELY, JEFFREY D
STREET ADDRESS 303 NINTH STREET W., SUITE 201
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☐ Change ☐ Addition
NAME managing member
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SUMMERS, STEVE E
STREET ADDRESS 303 NINTH STREET W., SUITE 201
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☐ Change ☐ Addition
NAME managing member
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #