

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90342 038 \*\*\*\*50.00

<b>DOCUMENT # L04000008952</b> 1. Entity Name <b>BGK1 GP, LLC</b>					
Principal Place of Business <b>319 N MAGNOLIA AVE ORLANDO, FL 32801</b>			Mailing Address <b>1090 DON MILLS ROAD SUITE 600 TORONTO, ON M3C 3-R6</b>		
2. Principal Place of Business - No P.O. Box # <b>1142 Kelton Avenue</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Orlando FL</b>		City & State			
Zip <b>34761</b>		Country <b>U.S.A.</b>		Zip	
Country		4. FEI Number <b>47-0943186</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SKELLEY, JEANNIE L 319 N MAGNOLIA AVE ORLANDO, FL 32801</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Skelley Jeannie L</b> Street Address (P.O. Box Number is Not Acceptable) <b>1142 Kelton Avenue</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>34761</b>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM H2, LLC 319 N MAGNOLIA AVENUE ORLANDO, FL 32801</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM H2, LLC 1142 Kelton Avenue Orlando FL, 34761</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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.					
<b>SIGNATURE:</b> _____ <b>Date:</b> <b>Apr 16/07</b> <b>Daytime Phone #</b> _____					