


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8 **FILED**
Sep 09, 2005 8:00 am
Secretary of State

08-26-2005 90086 033 ****55.00

DOCUMENT # L04000029368 1. Entity Name BAM COMM, LLC					
Principal Place of Business 5720 MAJOR BLVD., #185 ORLANDO, FL 32819 1001 Armstrong Blvd, S-A Kissimmee, FL 34741			Mailing Address 5720 MAJOR BLVD., #185 ORLANDO, FL 32819 1001 Armstrong Blvd, S-A Kissimmee, FL 34741		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1909534	
				5. Certificate of Status Desired A \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARK, BRIAN M 104 N. CHURCH STREET KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORM CAYVAL, MAXA 5720 MAJOR BLVD., #185 ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bennet Grutman CEO 1001 Armstrong Blvd, S-A Kissimmee, FL 34741		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	
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	

30011094





300110918
L04000029368

August 24, 2005

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

RE: BAM Comm, LLC
Annual Report Filing

BAM Realty Partners, LLC
Annual Report Filing

To Whom It May Concern:

Enclosed you will find the Annual Report filing for BAM Comm, LLC and BAM Realty Partners, LLC. I have also enclosed two separate checks to cover each filing fee and certificate cost in the amount of \$55.00 each.

If you have any questions or concerns, please contact me at (407) 518-8197.

Sincerely,

Dawn M. Jones
Compliance Representative

Enclosures