# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 20, 2005**
**Secretary of State**

DOCUMENT# L04000033908

**Entity Name:** BMT-CG, LLC

**Current Principal Place of Business:**

C/O THOMAS JOHNSON
100 NORTH MAIN STREET
WINSTON-SALEM, NC 27101

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THOMAS JOHNSON
100 NORTH MAIN STREET
WINSTON-SALEM, NC 27101

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLASP INC.
24311 WALDEN CENTER DRIVE STE. 201
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition
Name: WACHOVIA BANK, N.A.,
Address: 100 NORTH MAIN STREET
City-St-Zip: WINSTON-SALEM, NC 27101

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS JOHNSON VP 04/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date