## 2006 LIMITED LIA LITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L04000033908

1. Entity Name BMT-CG, LLC



Principal Place of Business

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

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

#### FILED Feb 15, 2006 8:00 am Secretary of State

02-15-2006 90129 030 \*\*\*\*50.00

### 

01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

236-732-4194

6. Name and Address of Current Registered Agent

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

# DO NOT WRITE IN THIS SPACE

10 January, 2006

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.			
the configurates of registerest agent.			
SIGNATURE			
	Signature, typed or protect name of registrated agent and tale if applicable.	(NOTE: Registered Agent signature required when renstating)	DATE
Filing Fee is \$50.00			
Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
πLE	MGR		
NAME	WACHOVIA BANK, N.A.		
STREET ADDRESS	100 NORTH MAIN STREET		
CITY-ST-ZIP	WINSTON-SALEM, NC 27101	<u></u>	•
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP		<b>_</b>	
TITLE			
NAME			
STREET ADDRESS		DO NOT V	MOITE
CITY-SI-ZIP		DO NOT V	AKIIE
TITLE		IN THIS S	PACE
NAME		1111100	IAOL
STREET ADDRESS			
CITY-SI-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		1	
HAME			
STREET ADDRESS			
ÇITY-ŞT-ZIP			
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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.			