

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 25 AM 7:46

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



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WACHOVIA BANK, N.A.
100 NORTH MAIN STREET
WINSTON-SALEM, NC 27101

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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01/31/07--01010--018 **12.50

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: Thomas Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SINGING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/07 (336) 732-5378