

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000033908

**FILED**  
**Jul 31, 2007**  
**Secretary of State****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:**C/O THOMAS JOHNSON VP  
100 NORTH MAIN STREET  
WINSTON-SALEM, NC 27101**Current Mailing Address:**C/O THOMAS JOHNSON  
100 NORTH MAIN STREET  
WINSTON-SALEM, NC 27101**New Mailing Address:**C/O THOMAS JOHNSON VP  
100 NORTH MAIN STREET  
WINSTON-SALEM, NC 27101**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:**CLASP INC.  
3001 TAMIAMI TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 US

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: JOEL SCHECHTER

07/31/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGR ( ) Delete  
Name: WACHOVIA BANK, N.A.,  
Address: 100 NORTH MAIN STREET  
City-St-Zip: WINSTON-SALEM, NC 27101**ADDITIONS/CHANGES:**Title: MGR (X) Change ( ) Addition  
Name: WACHOVIA BANK, N.A.,  
Address: 100 NORTH MAIN STREET  
City-St-Zip: WINSTON-SALEM, NC 27101 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

MGR

07/31/2007

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