## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000049014

1. Entity Name
BMW INVESTMENTS, LLC



Principal Place of Business

129 FOUNDERS POINTE SOUTH BLOOMINGDALE, IL 60108 Mailing Address

129 FOUNDERS POINTE SOUTH BLOOMINGDALE, IL 60108 FILED Apr 30, 2007 08:00 A Secretary of State



04232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1321972

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Floring and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Floring and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Floring and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Floring and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Floring and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Floring and the statement for the purpose of changing its registered of the statement of the statemen	orida. I am familiar with, and accept
the obligations of registered agent,	

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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 TITLE	MGRM SEDERQUIST, MARIA 129 FOUNDERS POINTE SOUTH BLOOMINGDALE, IL 60108 MGRM
NAME STREET ADDRESS CITY-ST-ZIP	DONCHEV, JULIET 8209 N. OLEANDER AVE. NILES, IL 60714
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filing does not qualify for the e

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/07

841-866-8682

Daytime Phone #