

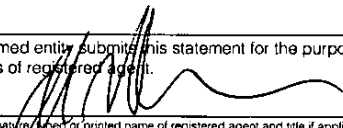
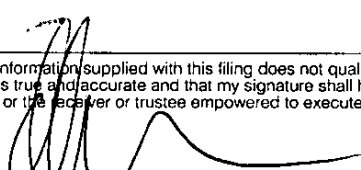


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90021 022 ****50.00

DOCUMENT # L04000053051 1. Entity Name BWM LAND INVESTMENTS, LLC					
Principal Place of Business 3353 SE RIVER VISTA DRIVE PORT SAINT LUCIE, FL 34952			Mailing Address 3353 SE RIVER VISTA DRIVE PORT SAINT LUCIE, FL 34952		
2. Principal Place of Business 698 SW PORT ST LUCIE BLVD Suite, Apt. SUITE 109 City & State PORT ST LUCIE, FL Zip 34953 Country USA		3. Mailing Address 698 SW PORT ST LUCIE BLVD Suite SUITE 109 City PORT ST LUCIE, FL Zip 34953 Country USA			
04192006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-1481617 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent VENNOS, ALEXANDER 3353 SE RIVER VISTA DRIVE PORT SAINT LUCIE, FL 34952	
7. Name and Address of New Registered Agent Name ALEXANDER VENNOS, Street Address 698 SW PORT ST LUCIE BLVD SUITE 109 City PORT ST LUCIE, FL Zip Code 34953				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  (NOTE: Registered Agent signature required when reinstating) DATE _____	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete ALEX & KRISTIN VENNOS, TENANTS BY ENTIRETY 3353 SE RIVER VISTA DRIVE PORT SAINT LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEX & KRISTIN VENNOS, TENANTS BY <input checked="" type="checkbox"/> ENTIRETY 698 SW PORT ST LUCIE BLVD SUITE 109 PORT ST LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete BRIAN & SUE BRESLAW, TENANTS BY ENTIRETY 8145 SARATOGA WAY PORT SAINT LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Alex Vennos Date 4-24-06 Daytime Phone 772-873 4525		