

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000053051	
1. Entity Name BWM LAND INVESTMENTS, LLC	
Principal Place of Business 698 SW PORT ST LUCIE BLVD SUITE 109 PORT SAINT LUCIE, FL 34953	Mailing Address 698 SW PORT ST LUCIE BLVD SUITE 109 PORT SAINT LUCIE, FL 34953



02202008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

**VENNOS, ALEXANDER
698 SW PORT ST LUCIE BLVD
SUITE 109
PORT SAINT LUCIE, FL 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEX & KRISTIN VENNOS, TENANTS BY ENTIRETY 698 SW PORT ST LUCIE BLVD., SUITE 109 PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIAN & SUE BRESLAW, TENANTS BY ENTIRETY 8145 SARATOGA WAY PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/13/08-80093-017 138.75

**DO NOT WRITE
IN THIS SPACE**

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

Alex Vennos

4.21.08 772.873.4525

Date

Daytime Phone #