


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90305 019 ****50.00

DOCUMENT # L04000058888 1. Entity Name BANX MANAGEMENT, LLC					
Principal Place of Business 111 6TH STREET NW WINTER HAVEN, FL 33881 US			Mailing Address 111 6TH STREET NW WINTER HAVEN, FL 33881 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Suite, Apt. #, etc. 9482 WATERFORD OAKS DRIVE			
Suite, Apt. #, etc.		City & State WINTER HAVEN FL		4. FEI Number 20-1561036	
City & State		Zip 33884		Country POIK	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03192007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent ESPOSITO, JOSEPH M 111 6TH STREET NW WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name ESPOSITO JOSEPH M Street Address (P.O. Box Number is Not Acceptable) WATERFORD OAKS DRIVE City WINTER HAVEN FL Zip Code 33884		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPOSITO, JOSEPH M 111 6TH STREET NW WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPOSITO JOSEPH M 9482 WATERFORD OAKS DRIVE WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/23/07 863-293-6247 <small>Date Daytime Phone #</small>		