

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064390

Entity Name: BAM DEVELOPMENT, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

753 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

841 WEST ARIEL ROAD
EDGEWATER, FL 32141

Current Mailing Address:

753 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Mailing Address:

841 WEST ARIEL ROAD
EDGEWATER, FL 32141

FEI Number: 56-2521029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAWORSKI, CANDY L
753 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

LUDDENI, MARY
351 NORTH U S 1
OAK HILL, FL 32759 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: MARY LUDDENI

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAWORSKI, MICHAEL S
Address: 753 PELICAN BAY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: MGRM () Delete
Name: LINDHOLM, WILLIAM
Address: 841 WEST ARIEL ROAD
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LINDHOLM, WILLIAM O JR
Address: 841 WEST ARIEL ROAD
City-St-Zip: EDGEWATER, FL 32141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM O. LINDHOLM JR

PRES

04/29/2008

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