2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2008
Secretary of State

DOCUMENT# L04000070156

Entity Name: BMT GROUP LLC

Current Principal Place of Business:

4863 CAINS WREN TRAIL
SANFORD, FL 32771

New Principal Place of Business:

5224 WEST STATE ROAD 46 #344
SANFORD, FL 32771

Current Mailing Address:

4863 CAINS WREN TRAIL
SANFORD, FL 32771

New Mailing Address:

5224 WEST STATE ROAD 46 #344
SANFORD, FL 32771

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, BRIAN E
4863 CAINS WREN TRAIL
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: THOMPSON, BRIAN E
Address: 4863 CAINS WREN TRAIL
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: THOMPSON, BRIAN E
Address: 5224 WEST STATE ROAD 46 #344
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Change (X) Addition
Name: THOMPSON, ANGELA M
Address: 5224 WEST STATE ROAD 46 #344
City-St-Zip: SANFORD, FL 32771

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: BRIAN E THOMPSON MGR 08/25/2008

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