

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90086 034 \*\*\*\*55.00

<b>DOCUMENT # L04000070460</b> 1. Entity Name <b>BAM REALTY PARTNERS, LLC</b>					
Principal Place of Business <b>104 NORTH CHURCH STREET KISSIMMEE, FL 34741</b>			Mailing Address <b>104 NORTH CHURCH STREET KISSIMMEE, FL 34741</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>20-1666654</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARK, BRIAN M 104 NORTH CHURCH STREET KISSIMMEE, FL 34741</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 re-registering) DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GAWAL, MAX 104 NORTH CHURCH STREET KISSIMMEE, FL 34741</b> <input checked="" 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	<b>Bernett Gutman, CEO 1001 Armstrong Blvd, S-A Kissimmee, FL 34741</b> <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	
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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

30011116



08092005 Chg-LLC CR2E083 (10/03)



30011116

September 8, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

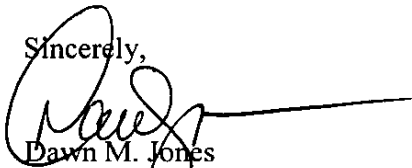
RE: **BAM Realty Partners, LLC**  
**Ref #: L04000070460**

Annual Reports Section,

Enclosed you will find the addition of the FEIN number as requested to complete the Annual Report filing for the BAM Realty Partners, LLC.

If you have any questions or concerns, please contact me at (407) 518-8172.

Sincerely,



Dawn M. Jones  
Compliance Representative

Enclosures





30011116  
#604000070460

August 24, 2005

**Division of Corporations**  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

**RE: BAM Comm, LLC**  
**Annual Report Filing**

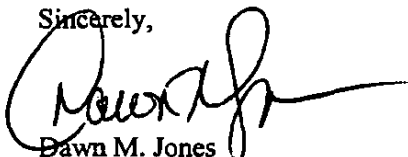
**BAM Realty Partners, LLC**  
**Annual Report Filing**

To Whom It May Concern:

Enclosed you will find the Annual Report filing for BAM Comm, LLC and BAM Realty Partners, LLC. I have also enclosed two separate checks to cover each filing fee and certificate cost in the amount of \$55.00 each.

If you have any questions or concerns, please contact me at (407) 518-8197.

Sincerely,



Dawn M. Jones  
Compliance Representative

Enclosures



ATTACHMENT

30011116

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 29, 2005

BAM REALTY PARTNERS, LLC  
104 NORTH CHURCH STREET  
KISSIMMEE, FL 34741

Subject: **BAM REALTY PARTNERS, LLC**

Reference Number: **L04000070460**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314  
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION