

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075191

Entity Name: BMWV ENTERPRISES, LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

6975 HYLAND OAKS DRIVE
ORLANDO, FL 321818

New Principal Place of Business:

6975 HYLAND OAKS DRIVE
ORLANDO, FL 321818

Current Mailing Address:

6975 HYLAND OAKS DRIVE
ORLANDO, FL 321818

New Mailing Address:

6975 HYLAND OAKS DRIVE
ORLANDO, FL 321818

FEI Number: 75-3170277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, MICHAEL L ESQUIRE
640 NORTH HILLSIDE AVENUE
ORLANDO, FL 32803 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: MGRM () Delete
Name: JEFFERSON, WILLIE G
Address: 6975 HYLAND OAKS DRIVE
City-St-Zip: ORLANDO, FL 321818

Title: MGR () Delete
Name: JEFFERSON, MARVEEN Z
Address: 6975 HYLAND OAKS DRIVE
City-St-Zip: ORLANDO, FL 321818

ADDITIONS/CHANGES:

Title: CEMM (X) Change () Addition
Name: JEFFERSON, WILLIE G
Address: 6975 HYLAND OAKS DRIVE
City-St-Zip: ORLANDO, FL 321818

Title: MGRM (X) Change () Addition
Name: JEFFERSON, MARVEEN Z
Address: 6975 HYLAND OAKS DRIVE
City-St-Zip: ORLANDO, FL 321818

I hereby certify that the information supplied with this filing does not qualify for the 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: W. G.

CEMM

04/17/2006

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