

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90020 001 ****50.00

DOCUMENT # L05000000494

1. Entity Name

B & G FAMILY INVESTORS, LLC



Principal Place of Business

2973 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32209

Mailing Address

2973 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32209



2. Principal Place of Business

6001 Cleveland Rd
Suite, Apt. #, etc.

3. Mailing Address

2973 W. Edgewood Avenue
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

Jacksonville FL

City & State

Jacksonville, FL 32209

4. FEI Number

37-1503099

Applied For

Not Applicable

Zip

32209

Country

USA

Zip

32209

Country

USA

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLOVER, MELISSA A
2973 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME GLOVER, MELISSA A
STREET ADDRESS 2973 W. EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE MGR ☐ Delete
NAME BODIE, LESLIE R
STREET ADDRESS 1050 BLUEHILL DR
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE:

Melissa A. Glover
Melissa A. Glover

4/8/05

904-766-8611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #