


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (A/R)

FILED
May 08, 2006 8:00 am
Secretary of State

03-16-2006 90032 013 ****50.00

DOCUMENT # L06000000885			
1. Entity Name BMJ DEVELOPMENTS, LLC			
Principal Place of Business 6350 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		Mailing Address 6350 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CASWELL, CHRIS 2384 FRUITVILLE ROAD SARASOTA FL 34237		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 is required if an agent is being added.)			
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 9, 2006</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF BEING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

00007046



1st MOORE CR2ED63 (10/05)



ATTACHMENT

30007546

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2006

BMJ DEVELOPMENTS, LLC
6350 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

Subject: **BMJ DEVELOPMENTS, LLC**

Reference Number: **L05000000985**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

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

/MH
ANNUAL REPORTS SECTION

THE MANAGING MEMBER
IS

K. MIKE MIGONE PA
6350 GULF OF MEXICO DR
LONGBOAT KEY, FL
34228

RECEIVED
5/4/06

PLEASE CALL RP DAWSON
941-685-1142
IF THERE IS A
PROBLEM