

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 APR 26 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000000985

Name
DEVELOPMENTS, LLC

BMS DEVELOPMENTS LLC

Principal Place of Business
6350 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228Mailing Address
6350 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228**DO NOT WRITE IN THIS SPACE**

01172007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2103120Applied For
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASWELL CHRIS
2384 FRUITVILLE ROAD
SARASOTA, FL 34237**DO NOT WRITE
IN THIS SPACE**

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 re-electing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MIGONE, K MIKE
STREET ADDRESS	6350 GULF OF MEXICO DR
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/07